death certificate

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN. The law

retained by the haspital ar attending physician.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	8	2	5	9

REGISTRAR 256. REGISTRAR'S SIGNATURE

1980

25a. DATE REC'D.

	REGISTRAR		CEKTIFI	CAIL OF DEATH	. 1	REG. NO.		
	CEASED NAME E OR PRINT)	WIDDLE	3 de la	ST Agent	2a DATE	OF DEATH MON	TH DAY YEAR	26 HOUR 9.20 PM
3 SE	MALE	BLACK	5 DATE O	F BIRTH	/	NYEARS LAST BIRTHDAY	YRS. DAY	R IF UNDER A HRS
1	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUN	WIDOWE	NEVER MARRIED		OR CHE	STER	WE
10.0	more Son M	11. NAME OF HOSPITAL, N (IE POT IN SUCH FACILITY, GIVE	STREET ADDRESS	NOTHER INSTITUTION	12a USU	LOCCUPATION ORK FOR MOST OF WO	BRUNG LIFE) INDUSTR	OF BUSINESS OR
USU.	STATE . // E HISTOCE	FOR OTHER INSTITUTION, GIVE RESIDENCE SUNTY 134 CITY OF		13d INSIDE CITY LIMI YES NO		TADDRESS /		
14 FA	JHON TREE	MIDDLE ANDER	SON	15. MOTHER'S MAIDE	NAME	WIDDLE	HA	PAY
	WAS DECEASED EVER IN U.S. YES, NO OF UNINOWN (IF YES,	ARMED FORCES? 166 SOCIAL	SECURITY NO.	SALLIE	RUFF	EIN PODRESS	JURLOC	5 MD
7	PART I. DEATH WAS CAL	DUE TO, OR AS A CON:	SEOUENCE OF	Bronc Poor Gener	al co	dition	COX.	n Onset and death
CERTIFICATION	PART 2 OTHER SIGNIFICAN Ca A PLOS 100 DATE OF OPERATION	Tate, ASCV	DEW	ray Etevu	ia, d	TOPSY? 201	ON GIVEN IN PART OF THE STATE	NGS USED
CERTIFI	21a. ACCIDENT WAS UNDERLYING	LICOUR A 44 ALCONITI	1 DAY VEAR	21c HOW INJURY OF	YES COURRED (ENTER	NO	YES 🗌	NO 🗌
MEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMILE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH	19	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (I) (this has sow the deceased alive	I not) view the body ofter death.	_19, one	d that in (my) (our) op DEGREE	ninion death occu	rred on the date o	22c. DAT	TE SIGNED
	22d. PHYSICIAN'S NAME (TY	PEORPRINT) - Tanman	as 1	22e ADDRESS	an & Directo	in St. (ambrid	2-80
	BURIAL, CREMATION, REMOV		1	METERY OR CREMAT	ORY 23d 10	CATION	county	STATE

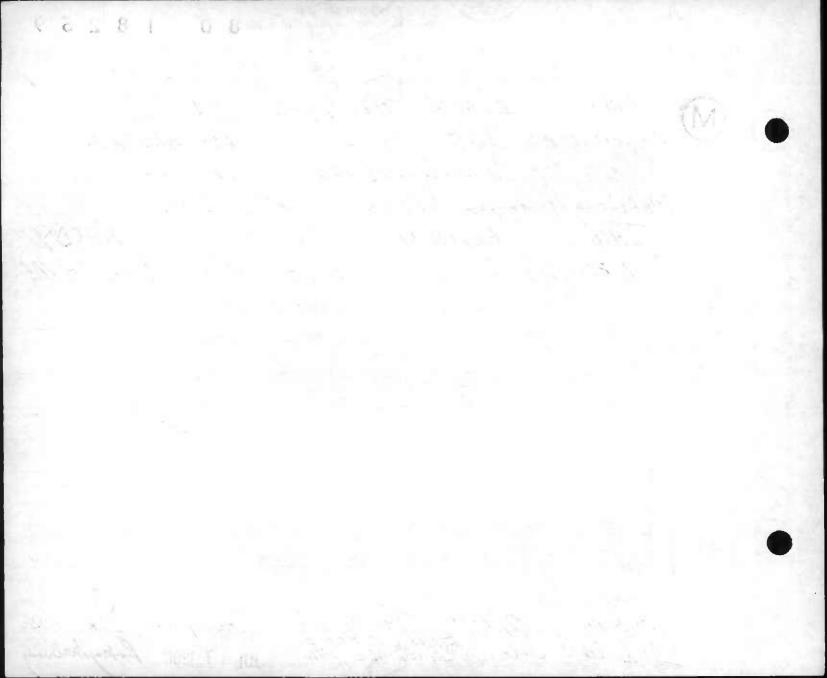
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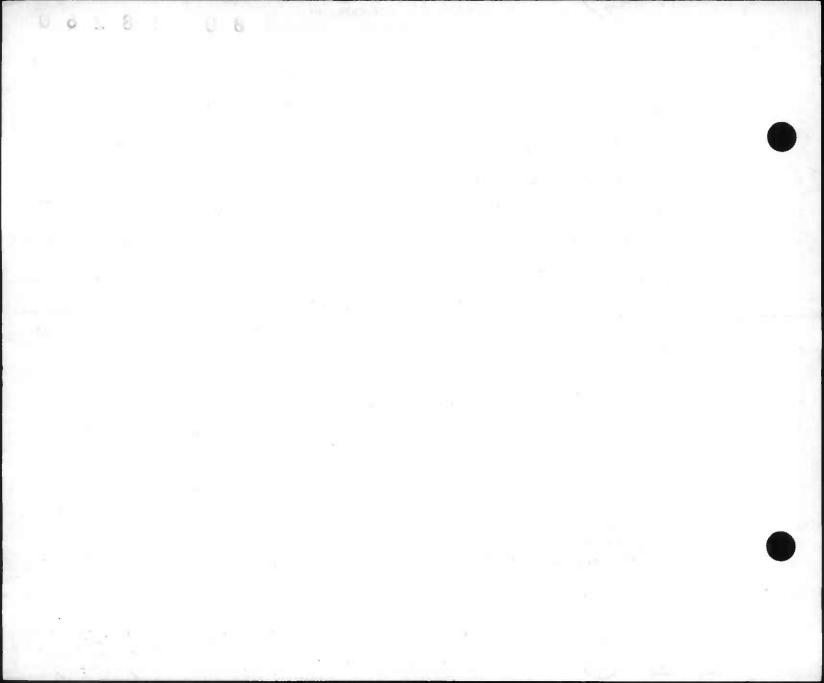
24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete the fulled in british should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and Pshould be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical

DHMH - 16 60M 1/75 (VR A 15 (4))

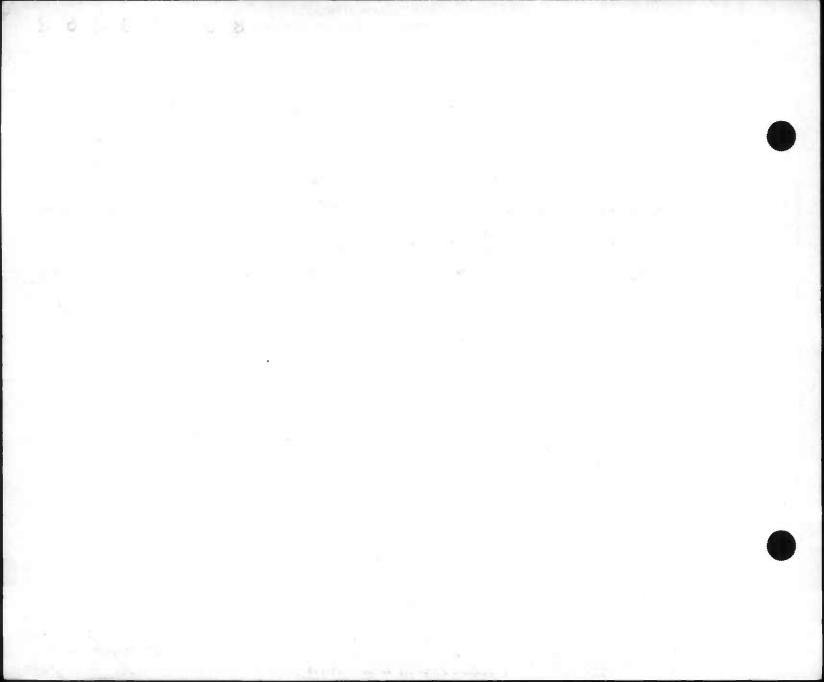




0)	1 -	FOR STATE REGISTRAR		T OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE & U	10201
775 F		CEASED NAME FIRST SUSA	N IRENE W.	BURTON	20. DATE OF DEATH MONTH	H DAY YEAR 26. HOUR 4:404
s s	3 SE	female		DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS MOURS MIN YRS.
72 hours	Zo. BI	RTHPLACE (STATE OR FOREIGN DUNING MARYLAND		MARRIED NEVER MARRIED	1 BALTIMORE CITY OR CO	OUNTY OF DEATH
must be no	10 CI	ry or town of death ambridge	11. NAME OF HOSPITAL, NURSING HE IN THE STREET ADDITION OF THE PROPERTY OF THE	iome or other institution Rd. (home)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
Juner mu	USU/ 13a S	TATE 136 COU	mother institution, give residence before additional transfer of the company of t	1134. INSIDE CITY LIMITS?	13. STREET ADDRESS Same as	#11
medical exam	14 FA	THER'S NAME Martin	L. Willey	15 MOTHER'S MAIDEN N.	Catherine	Dixon
t, the me	160 V	VAS DECEASED ÉVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GR	RMED FORCES? 166 SOCIAL SECURITY VE WAR OR DATES)	YNO. 17 INFORMANT	ADDRESS	1 8 2
atic even		PARTI DEATH WAS CAUS	inly ane cause per line for (a), (b), and control by. ATE CAUSE (a)	Respiratory	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ial, cremation, or y, or other traum		Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) FRACTION DUE TO, OR AS A CONSEQUENCE (c) SEVEVE	PE (L) temus	2 + @ Hip = + Debild	y Many Years
rior to burial	VIION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEA			IF YES, WERE FINDINGS USED
ygiene pri	CERTIFICATION				YES NO	CERTIFYING CAUSES OF DEATH? YES NO NO
Mental Hygi Mental Hygi I or Item 18	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DAY P.M.	YEAR	RRED (ENTER NATURE OF INJURY IN 11	EM 18, PART 1 OR PART 2)
th and M	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	.ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
t. of Heal	K	saw the deceosed alive of above_(1) (we) (did) (did)	oital) ottended the deceosed from		n death occurred on the date or	
ERAL DIR		226. SIGNATURE	afewer	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1 24 July 80
should be de with the Stat		NEAL A. JEW	ELL, M.D.	307 BYRN S		GE, MARYLAND 21613
w ≥ =	(urial, cremation, remova burial	July 21,1980 I	ne of cemetery or crematory Orchester Met	n. Cambridge	Dorchester, Md
H-16 25M 15, 4) 1/79		urral director urran Funera	al Home, 308 Hi	ch Stidge Nd.	TE REC'D BY REGISTRAR 256. P	first by Helredy

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\cap		h.	FOR STATE	DEP	RTMENT OF HEALTH AND MEN		E 8 0	1 8	3 2	5 2
1	_		REGISTRAR		CERTIFICATE OF DEA	ATH	REG. N	O.		
1		1. DE	CEASED NAME FIRST	MIDDLE	LAST	2 a		MONTH OAY	YEAR 2	HOUR
3 04		(TYPE	ORPRINT) VIOLA	- 4	(Amore		7	- 11-	80 3	5:00 Am
6 13		3 SE		RACE	5. DATE OF BIRTH	- 6 A	AGE (IN YEARS LAST BIRT	THOAY) IF I	-	UNDER 24 HRS
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In 24 hour	35	M	oryland Do	1 (1 /)	ubylege YES IP NO	10 🗌	P1 11 12	emilia	E CIY	de
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e execut	J. Communication		VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT		ADDRI	ESS A	17	4 11
		L.	No		03-6234 (10L1	A 11L	LMAN	CHI	VIDA 1	MD-
	,		II CAUSE OF DEATH (Enter only	one couse per line for (o), (b	, and Icid				BETWEEN ON	TE INTERVAL SET AND DEATH
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			4210	DUE TO, OR AS A CONSI	QUENCE OF 1		pm.			,
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to the death ceby the ottending size remove corby, cremotion, or in			gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSI	OUENCE OF '				1	
by t ose r I, cre	5		underlying couse lost.		tousion				YEARS	
gned on plec			PART 2. OTHER SIGNIFICANT CO		TO DEATH BUT NOT RELATED TO	THE TERMINA	L DISEASE OR CON	DITION GIVEN	IN PART 1(o)	
5 s d 5	, dollar	NO		7496 V						
beer mit prior		CERTIFICATION	19s DATE OF OPERATION	1% CONDITION FOR WE	IICH OPERATION WAS PERFORM	AED :	26s AUTOPSY?	76k IF YES, V	VERE FINDING	5 USED
hos hos per		TIFIC					YES TI NOW	YES [G CAUSES OF	NO []
N. The kysicion.		CHI N	\$1s. ACCIDENT WAS UNDERLYING.	216. TIME OF INJURY	71L HOW INJUR	RY OCCURRED	SENTER NATURE OF HID	BY IN TIEM 18, PART	I DEPART 2)	
YSICIAN TH ding physicic s certificate buriol-transit Mental Hygii	1		DECONTRIBUTING	HOUR AM MONTH	DAY YEAR					
ding ding ding Me		MEDICAL	214 INJURY OCCURRED	71s PLACE OF INJURY	211 LOCATION		- 11-74-210-2	0.00	Variation AST	Bordill
ond the	D N N N N N N N N N N N N N N N N N N N	ME	WHILE HOLWHEE I	(AT HOME, STREET, FACTORY, DE	HOR FARM, ETC.) STREET		CITO	NN A	COUNTY	STATE
O O O O O O O O O O O O O O O O O O O	Ě	1	22a I certify that (1) this hospita	I) attended the deceased fr	7/6	1950	to	7/1/19	80 the	(I) (we) last
TEN TO SO	2		sow the deceased alive an above (1) (we) (did) (did not)		9 50 , and that in my (ou		th occurred on the d	ote and hour o	1	
hospito	E		obove (J) (we) (dig) (did not) 22b. SIGNATURE	view the body ofter death.	DEGREE				22c DATE SK	GNED
0 41 0 40	Ē		Missona O. A. V	Unshow	S / ATTE	ENDING _ M	SEDICAL STA	FF	7/11	100
HOSPITAL ined by the FUNERAL old be detailed the Store	<u> </u>		22d. PHYSICIAN'S NAME (TYPE OR P	O G BIT GEOLE	22e ADDRESS	YSICIAN DO	RECTOR PHYSIC	CIAN	// //	180
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F 2 - 07 -			URIAL, CREMATION, REMOVAL	73h DATE	III NAME OF CEMETERY OR CHE	EMATORY	134 LOCATION	-1 00	unity AFT	STATE
BP	-		BUTIEL	1/19/80	ureip C	Que o	Dovah		200	Me
DHMH-16 20	M	7	INERAL DIRECTOR	X+ ON RA	MAYELGE MALE	75e DATE RE	1 7 1000	756 REGURA	P'S SIGNATUR	
(VRA 15, 4) 7	/78	K	ulhe pTilla	of tillain	Turier House	JUL	17 1980	1	7	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the firmwird dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. executed within 24 hours death certificate be

must be notified at pace.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumotic event, the medical exam

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

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	REGISTRAR		CERTIFICATE OF DEA		REG. NO.		
	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MO	ONTH DAY YEAR	2b HOUR
(TYPE	ORPRINT) Eugit	M	CANNON.			7/17/80	10 dm
3. SE>		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDA		
	Female	White	Nov.15.1	902	77	YRS. MONTHS DAYS	HOURS MIN.
Zn. 811	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY			BALTIMORE CITY OR C		
	DUNTRY)	The citizen of What cooking	MARRIED NEVER MAR	RRIED [DALIMORE CITT OR	COOKIT OF BEATH	
_	laryland	U.S.	WIDOWED DIVOR		Dorchest		MD.
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR
Ca	mbridge	Dorchester Ge			Homemaker		
USUA	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO			nomemaker		
13a. S	TATE 13b. COUN	VIY 130 CHY OR TO	WN 134. INSIDE CITY		13e. STREET ADDRESS		
		or. Church		O M	Rura	al Rt.335	Md.
14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S M.		E # MIDDLE	LA	cr
	Edward	Elzey		aaie	MIDDEL	Smit	
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		4420	ADDRESS		
(Y		E WAR OR DATES)	0100 5	70	2 2 2 2 1		
	No	220-44-	-9102 Ruth A	nn An	drews Sali	isbury Md	
	PART I. DEATH WAS CAUSE	1 000 0010 1	As Die 5	Condi	ine Arrest	BETWEEN	CIMATE INTERVAL
	LL1116 IMMEDIA	TE CAUSE (0) CON Nary	1101 013	Co my	10000		
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	Conditions, if ony, which	((b) (b)	1en. Dint	Dis .			
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF VII				
	underlying couse lost.	the	Jul Henry	_		A SELECTION OF THE SELE	
93	PART 2 OTHER SIGNIES AND A	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO	THE TERMIN	LAL DISEASE OR CONDIT	TION CIVEN IN DART 1	(0)
z	PART 2 OTHER SIGNIFICANT	ECINOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE LEKWIN	AL DISEASE OR CONDIN	ION GIVEN IN PART II	01
CERTIFICATION	19g. DATE OF OPERATION	TIDE CONDITION FOR WHICH	H OPERATION WAS PERFORM	50	20g. AUTOPSY? 20	Ob. IF YES, WERE FINDS	NCS HSSD
O.	190. DATE OF OPERATION	148. CONDITION FOR WHIC	H OPERATION WAS PERFORM	EU		N CERTIFYING CAUSES	
TI					YES NO P	YES 🗌	NO [
E	21a, ACCIDENT WAS UNDERLYING	216, TIME OF INJURY HOUR A.M. MONTH		RY OCCURRE	D (ENTER NATURE OF INJURY IN	N ITEM 18, PART 1 OR PART 2)	
A	OR CONTRIBUTING CAUSE OF DEA	ATT.	ZAT TEAK				
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION				
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						1	
		ital) attended the deceased from	CAT 1/1/4	19	2, to	19 30,	that (I) (we) last
	sow the deceased alive on	at) view the body after death.	ond that in (my) (ou	r) opinion de	eoth occurred on the date	and hour and from the	couses stoted
	22b. SIGNATUR		DEGREE		4/	22c. DATE	SIGNED
	Min	1.01	ATTE	NDING	MEDICAL STAFF	7/	17/80
	22d. PHYSICIAN'S NAME (TYPE O	rems	22e ADDRESS	SICIAN	TDIRECTOR PHYSICIAN	N L I '/'	7.0
	ZZO. PTTT SICIATO STORME (TIPE O	R PRINT)	THE ADDRESS				
						Carlotte State of the State of	
230 B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CRE	MATORY	23d. LOCATION	2011	
(5	Burial	July 19,1980	Dorchester	Mem :	Hark Camba	COUNTY	STATE
24 EI	INERAL DIRECTOR				REC'D. BY REGISTRAN	nidre Dor	Md
24	Tiromas Funer	al Home, Cambi	EM onbin	THE	21 1980	Minde	7
	- dilet	ar Home, Campi	. rage, Ma.,	DOF !	OT 1900	1	1

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

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the death of the attending remotion, or	her troumati		Conditions, if ony, which gove rise to immediate couse 101, stating the	(b) DUE TO, OR AS A CONSEQU	-	in Zlus	ny	Buenth	2
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e low re n. nos been permit. T	No Sons	TIFICATIO	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION	N WAS PERFORMED			?
physici ificate transi	d 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2]	
PHY endi this ne b	orked or	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STAT	E
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OR he he DIRE			James 100	Longwid		ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	117100	×
O HOSPI etoined b TO FUNE should be	MPORTA		JAMES &	B. THOMAS		ESNE		00	
	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. I need by the hospital or attending physicion. FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral tables detached for use as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 should be filed within 72 has state Dept. of Health and Mental Hygene prior to burial, cremation, or removal.	10SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, and by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral slad be detached for use as the buriol-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filled within 72 the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. ORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be hattified arrange.	ned by the hospital or attending physician. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be need by the hospital or attending physician and completely filled in by the funeral directions and the broad-transity permit. This please see move corbonopopers. Pages 1 and 2 should be filled within 72 hours like the broad-transity permit. This please see move corbonopopers. Pages 1 and 2 should be filled within 72 hours like the 21 is marked or lem 18 shows ony injury, or other troumatic event, the medical examiner must be hostified at once.	Thoras In the decorption of the management of th	Thomas Is a state not	To State Registrar Recistrar Recistration Recistra	Thomas is an appropriate to the property of th	TO STATE REGISTRAR CERTIFICATE OF DRATH REG. NO. 1. DECEASED NAME 1. DECEASED N	The property of the property o

Spring Hill Cem.

126. KIND OF BUSINESS OR

_, that (1) (we) last

Md.

COUNTY Talbot

23d. LOCATION CITY OF TOWN

Easton

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURJAL, CREMATION, REMOVAL

Newnam Funeral Home

Burial 24 FUNERAL DIRECTOR 23b. DATE

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours offer death. Page 4 interined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; parties should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is morked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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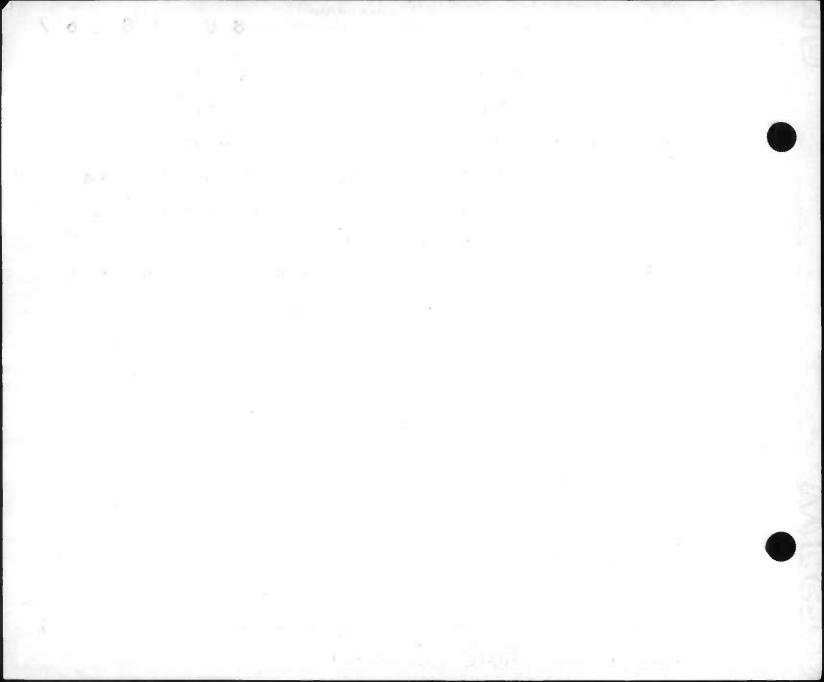
BP. DHMH-16 50M 7/77 (VR A 15 (4))

	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGI IFICATE OF DEATH	RÉG. NO.	8 2 6 6
1	1. DECEASED NAME (TYPE OR PRINT)	C. Fa	rrell.	20. DATE OF DEATH MONTH	21 80 9:30 P.M.
	Male	Caucasion S DATE	OF BIRTH OF DAY OF 1890	6 AGE (IN YEARS LAST BIRTHDAY) 90 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	10. BIRTHPLACE ISTATE OR FOREIGN POUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARR WIDOW	VED DIVORCED	Dorchester	County MD.
3	Cambridge	Easten Shore H	ospital Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING!	LIFE) NOUSE BUSINESS OR NOUSE BUILding
1	Maryland Wi	THE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OUNTY 132 CITY OR TOWN SCOME OF THE OTHER PROPERTY.	YES NO [Glen Ave. Ex	t. Salisburry
	14 FATHER'S NAME William	MIDDLE Farrell	15. MOTHER'S MAIDEN NAM	Cornelius	Smith
	160. WAS DECEASED EVER IN U.S (YES, NO ORUNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SECURITY NO 214-10-975	(daughter) F	forence Williams	
	PART I. DEATH WAS CA	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	umonia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 Weeka
	PART 2 OTHER SIGNIFICA Serveral 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	NT CONDITIONS CONTRIBUTING TO DEATH BUTTON TO THE STATE OF THE STATE O	UP	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? FES OF NO O
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE ATWORK	FDEATH HOUR A.M. MONTH DAY YEA	R	ED (ENTER NATURE OF INJURY IN ITEM 18	
		M Both M	ond that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS CAM B.	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 226. DATE SIGNED 226. DATE SIGNED 226. DATE SIGNED
	236. BURTÁL, CREMATION, REMO BUPTAL 34. FUNERAL DIRECTOR HOLL CMAY FUNERAL	- 4- 4 4 4 4		234 LOCATION CITY OF TOWN Salisbury Wic RECD. BY REGISTRAN 258. RE-	COUNTY STATE

6 0 1 0 1 0 8 North State of the State of th
Roy C. + Ferrell OT 21 50 9136 A
Male Caucasan oc or 1890 90
Amostrania U.S.A Dordieske Charty
Combrelge Eastern Store Hospital Contention congruter here building
Maryland wildower Salibury X Glen Ave Ext., Salibury
William Farrell Tela Complete South La
A.C. 314-12-25 (doughte) Parence (Lill ann Sanson of

TO HOSPITAL CA ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death retained by the haspital or attending physician.

				STATE OF MARTLAND		
	1-	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH		18267
	1 05/		MIDDLE	LAST	REG. NO	
		CEASED NAME FISHES	KVirgini	as E	JULY	MONTH DAY YEAR 26. HOUR
	3 SE)	FEMALE	Neoro 5.	DATE OF BIRTH MONTH DAY YEAR	AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
;]		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	BALTIMORE CITY O	PR COUNTY OF DEATH
35	Le	ALS Island, No	U N	VIDOWED DIVORCED	Dorches	ster County ,
2	F	IMBRIDE M	1. NAME OF HOSPITAL, NURSING I DIFFOT IN SUCH FACILITY, GIVE OTHER ADD		TYPE DE WORK FOR MOSTO	F WORKING LIFET INDUSTRY
2/	USU/ 13a .S	RESIDENCE (IF NUMSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE AD.		130. STREET ADDRESS	30x 40 :
G	-	THER'S NAME	DDLE TO LAST	15 MOTHER'S MAIDEN NAM	ME	A 11 LAST
190		nomas	PARKER	Hurelia	ADDRE	Collins
J. J		(IF YES, GIVE V	NATION DATES)	LEVIN FISHER	- 50m	e as above
, .		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	r one cause per line for (a), (b), and (c	· ·		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
			CAUSE (0) huliple	merestesis		074 46
310110		1577	DUE TO, OR AS A CONSEQUENCE	EOF ON ON hou	ncreces	Fire work
		Conditions, if any, which gave rise to immediate		3	uch eters	100 3200
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	JE OF		
lory, or	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 216 HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
5	MED	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	A, ETC.) 211 LOCATION STREET	CITY OR TOW	NN COUNTY STATE
		WHILE AT WORK AT WORK 220. certify that (I) (this haspita	It have deal the deferred from N	10 m 2 10 18	July !	7 19 80 , that (I) (we) I
2		sow the deceased alive on _ obove, (1) (we) (did) (did not)	July 19 15	. 7	death accurred on the de	ote and hour and from the couses stated
		THE SHOWATURE TO	West the body offer decim.	DEGREE ATTENDING PHYSICIAN (MEDICAL STAF	FF 7-7 8 U
	1	22d. PHYSICIAN'S NAME (TYPE OR		40 HUHDER	() (
-	23a. B	URIAL, CREMATION, REMOVAL	236. DATE 23c NAA	ME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY ATATE
		BURIAL	7-12-80 Mes	ley U.M. Comoten	Vienna	Dichester Md
	24. FU	NERAL DIRECTOR	A OI D ADDRESS	- INDE	REC'D. BY REGISTRAR	25h REGISTRAR'S SIGNATURE
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injury, or other troumatic event, the

should be detoched for use as the burial-transit permit. Then please remaye corbon with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, ar rer

MPORTANT: If them 21 is marked or them 18 shaws any

24 FUNERAL DIRECTOR

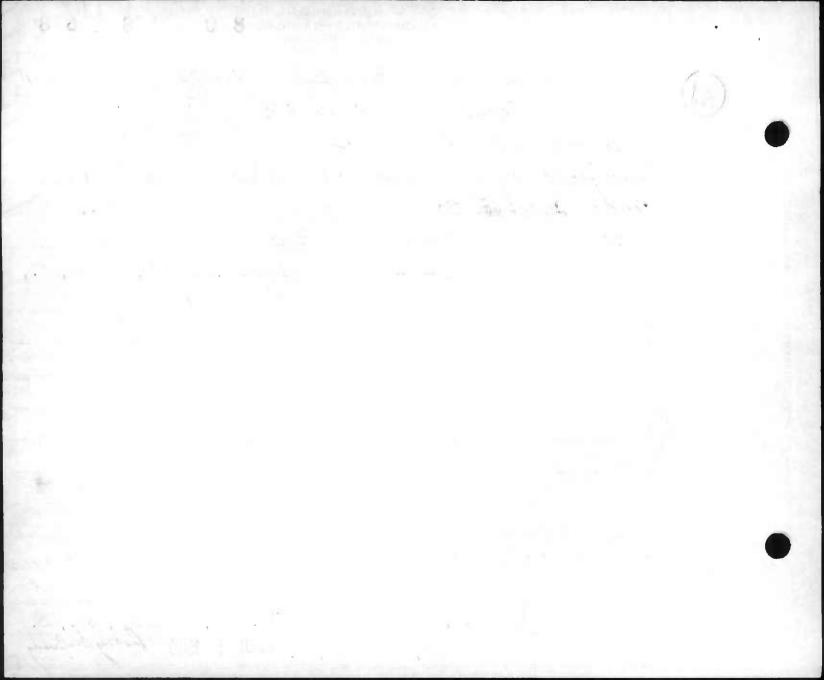
STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIEN

250. DATE OF D. BY REGISTRAP 256. RECOTRALE SIGNATURE

1-	FOR STATE REGISTRAR	DEPARTM		ALTH AND M	ENTAL HYGI	ENG O	1 8	2 6	> 8
	CEASED NAME FIRST	Mav Mav	Froger	vell	_		MONTH DA	Y YEAR	26 HOUR 6 30 A
1 56	Semale (Caus,	5. DATE OF	BIRTH DAY	93	6 AGE (IN YEARS LAST BIRTI	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	Va. S.A	\mathcal{U} . $\mathcal{S}\mathcal{A}$.	MARRIED WIDOWED		ARRIED ORCED	9 BALTIMORE CITY O Dorch	ester		MI
0	ambridge		ISE NI	other instinc		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF er Homama	WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
13a S	Ind. Jose	OTHER INSTITUTION GIVE RESIDENCE BEFORE Y 13t CITY OR TOWN	1	-96	NO 🗌	13e STREET ADDRESS Glenb	urn I	lve.	
	THER'S NAME FIRST Caleb VAS DECEASED EVER IN U.S. ARM	Davis ED FORCES? 16b SOCIAL SECUI		F	MAIDEN NAM	MIDDLE		Booker	
	es, no or unknown) (IF yes, give w		8187	A	Rober				Md.
NOI	Canditions, if ony, which gave rise to immediate couse 101, stohing the underlying couse lost	DUE TO, OR AS A CONSEQUE b)	NCE OF	A SO OT RELATED	C V-	Intery D D NAL DISEASE OR CONE	ÍSLAS	N IN PART 110	21
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY?		WERE FINDIN	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	Y YEAR	21c. HOW INJ		ED (ENTER NATURE OF INJUR		T I OR PART 2}	STATE
N	WHILE AT WORK AT WORK 220.1 certify that (1) (this haspita saw the deceased alive an	il) attended the deceased from			., 19aur) apinian de	, taeath accurred an the do	, 19		that (I) (we) lost
	above, (I) (we) (did) (did nat) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR P	annan	2	GREE AT P 22c ADDRESS	TENDING HYSICIAN	MEDICAL STAF	F IAN []	22c. DATE 7-/	SIGNED
22. 0	E. Ta	нтан	IAME OF CEA	17 F	raull	is St. C	amela	idee,	Md
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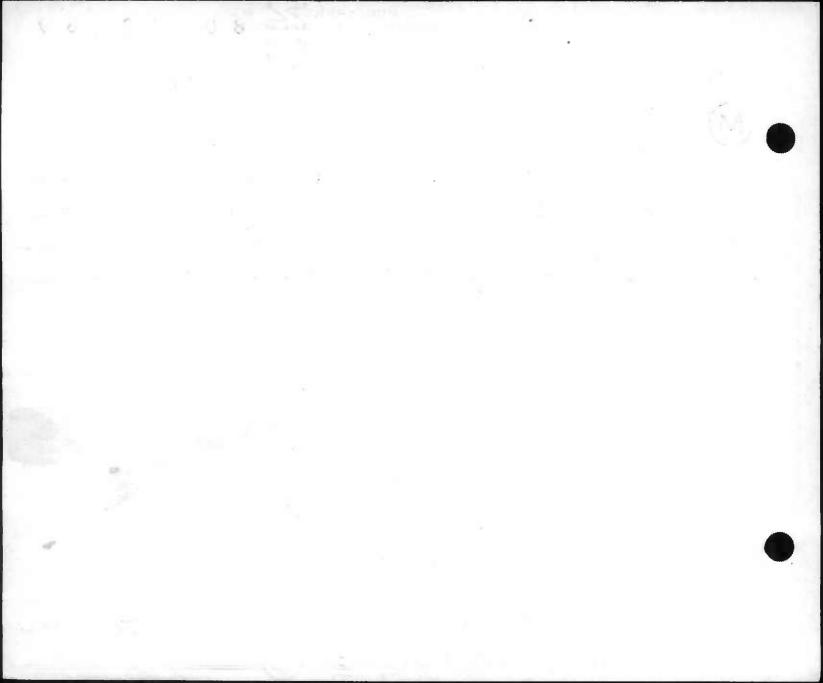
Thomas Funeral Homes, Cambridge, Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

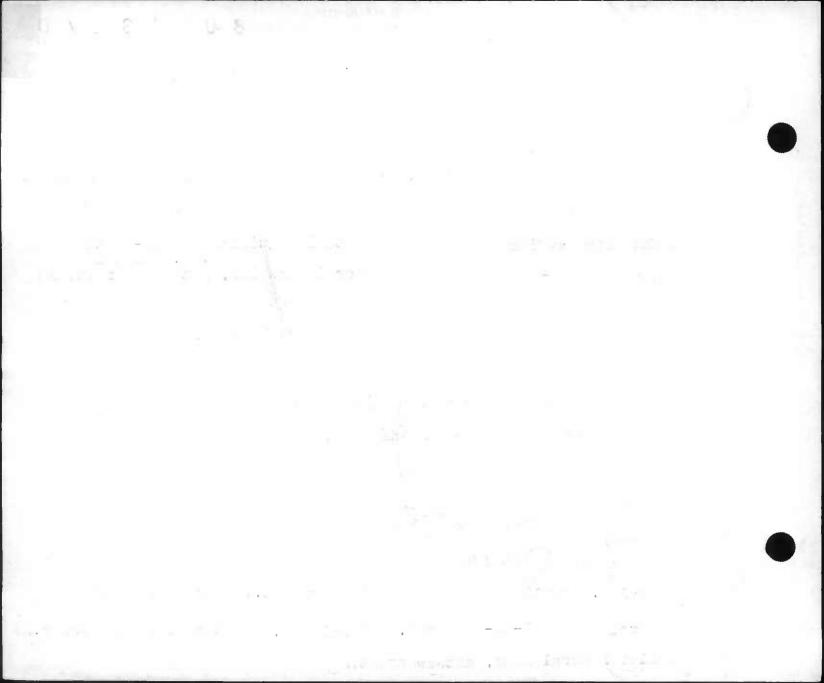


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	1		STATE OF MARYLAND	A 15 1 N
2		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH	8 2 6 9
		DECEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
nay be	- ["	FRISHU	T. FREEMAN 7 2	280 4
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900		M	B 6 30 12 68 YRS.	ONTHS DAYS HOURS MIN
(IXI)	10	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	LE CITIZEN OF WHAT COUNTRY?	OF DEATH
1	5	Talbot Ca Md	U.S. WIDOWED DINORCED [] CAMBRICSE	Maryanono.
by the furded with	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
	50	LAM beidge 11d	Dopchester (FEN. HOSP Laborer	formas
houn d in l be	13	UAL RESIDENCE (IF AND RSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) [13] [13] CITY OR TOWN	
filled auld t	5	111	ct Three YES NO BY Rough #/	130V 80
othur 2 sh —	14	FATHER'S NAME FIRST	15 MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
completely filled in	0	Frzisby	I. FREEMAN MANORINE 3/240 H	IASI
d co	16	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
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oth certificate be ending physician r carbonpopers. F n, or removal.	-	18 CAUSE OF DEATH (Enter only	y one cause per line for (a), (b), and ic).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertificating physical panents is event, it		PART I. DEATH WAS CAUSED	CAUSE (0) Pichnong in bolish	GO neur
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death attend ave co tran, c	A.	Conditions, if any, which	(b)	
st the deat yy the atter se remave c cremation,		gave rise to immediate cause (a), stating the		
that the death ce d by the attendin ease remotion, or i ial, cremetion, or or		underlying - cause last.	DUE TO, OR AS A CONSEQUENCE OF	
Page 1	1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART 1/n:
9 2 4 5 5	la		350ROTION SUIDETME	
ow rec	$\exists i$	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES.	WERE FINDINGS USED
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	7 de la constante de la consta	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PAR	
SKIAN: TI ng physici certificate mid-fransi frem 18 sh	/ I	OR CONTRACTOR OF DEAL	H HOUR A.M. MONTH DAY YEAR	
HYSK nding his ce burk a Men	IA CHOSA	214 INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION	and the state of t
G Printen	13	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFICE, FARM, ETC STREET CITY OR TOWN	COUNTY STATE
ENDING PHYSICIA ol or attending ph DR After this certifuse as the buriolith use as the buriolith use of the month ond mental is morked or Item		7	ol) ottended the deceased from ADNO 1980, to JULY 2210	9 tha (1) (we) last
ok ATTEN e hospital DIRECTOR oched for us Dept. of Hem 21 is		sow the deceased alive on_	TULY 2719 80 (and that in (my) lour) opinion death occurred on the date and hours	
or ATTEN te hospital DIRECTOR oched for ur Dept. af Ht		obove (1) (We) (did) (did not 27b. SIGNATURE	DEGREE	22t. DATE SIGNED
TAL OR A y the hos RAL DIREC detoched ote Dept.		Michael (ATTENDING MEDICAL STAFF PHYSICIAN MIDIRECTOR PHYSICIAN	7/22/80
HOSPITAL med by th FUNERAL uld be dete	+	224 PHYSICIAN'S NAME (TYPE OR		
TO HOSPITAL of retained by the retained by the retained by the should be deto with the State of IMPORTANT. If		MUSHIFEL S	Moskervic Su	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23	BURIAL, CREMATION, REMOVAL	236. DATE, 231 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OF TOWN	OUNTY STATE
BP		v	7/26/80 paradise Truppe	18 Ind
DHMH-16 20M	24	FUNERAL DIRECTOR -	ADDRESS 250. DATE REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
(VRA 15, 4) 7/78		Sunge H W	coluell Eester mid AUG 28 1980	y Ma Bready
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0	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 8 2 / 0 CERTIFICATE OF DEATH REG. NO.						
* **		CEASED NAME FRST	WIDOLE	14 AWHITS	20 DATE OF DEATH MONTH	OAY YEAR 2b. HOUR			
(M)	3 SE	MALE	WHITE	S DATE OF BIRTH MONTH OAY YEAR O 1 1 1 0 1	6 AGE (IN YEARS LAST BIRTHDAY) VRS	IF UNDER LYEAR IF UNDER 24 HRS			
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hin 24 hours ely filled in b should be fi		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW	E AOMISSION)	13. STREET ADDRESS				
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n and co	160 \	WAS DECEASED EVER IN U.S. AR			Quinland Eash PADDUS BO wkins, East New				
rtificate by physicial and propers. emaval. event, the		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), or ED BY: TE CAUSE (a)		rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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ows	CERTIFICATION	LO L 5 / 80	Fracture	@ Aip	IN CERT	TIFYING CAUSES OF DEATH? YES NO			
HYSICIAN T ding physici is certificate buriol-fronsi Mentol Hygi or Item 18 sh	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	HOUR A.M. MONTH D P.M. 210 PLACE OF INJURY	AY YEAR 19 211 LOCATION					
DING PHY or attendid After this se os the bu	¥	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE			
he hospital DIRECTOR roched for up Dept of He H hem 21 is		sow the deceased alive or		ond that in (my) (our) opinion DEGREE	deoth occurred on the date and h				
by the ERAL	-	224. PHYSICIAN'S NAME (TYPE O	Theren DR PRINT	ATTENDING PHYSICIAN [22: ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10 July 10			
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote	230	Neal A. Jewe		307 Byrn S	t., Cambridge,				
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DHMH-16 20M (VRA 15, 4) 7/78	100	NAME	1 Home EastNey		62 1480 Jung	any Malhandy			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSENE) FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN CONTROL ESTI-Month 2b. HOUR (Type or Print) WILLIAM E. Year HUBBARD 7-1-19.80 DEATH MATED 6. AGE (In years 5. DATE OF BIRTH 1906 IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR Year 1080 Month July Day 1 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U.S.A. WIDOWED X DORCHESTER DIVORCED [7] during most of working life, even if retired.)

Carpenter

INDUSTRY BOAT

Right Industry Boat 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH HUDSON 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE Mayland 13b. COUNTDorchesterHudson 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Whraf Road (Rural) YES NO THE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last Hubbard Sadie Hubbard Charles I 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (Yes na, ar unknawn) (If yes give war or dates of service) Cecil Parks 4 Kiowa Rd. Camb. Md. : This certificate shauld be certificate, writing the ward 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Coronary occlusion Few Mins. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). remaval, DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) crematran, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO 🗍 YES 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, form, street, City or Town County State p factory, affice building, etc.) WHILE AT WORK AT WORK Page 22a. I certify that I taak charge af the remains described above, held an Autapsy (X), Inspection x Inquiry x, and in my apinian death resulted fram: Natural causes 🛣, Accident 🗌, Suicide 🔲, Hamicide 🗍 be retained DIRECTOR: P Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL Mental M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE 7/3/80 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 2, and 3 ta Page 5 may TO FUNERAL John Mace Jr. M.D. ADDRESS(Street, city, town, or county) Cambridge . Md. 23a. BURIAL, CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 7-5-80 Neck Distric, Dorchester, M Spedden-Seward 24 FUNERAL DIRECTOR

ADDRESS 308 High St. RECT BY REGISTRAR

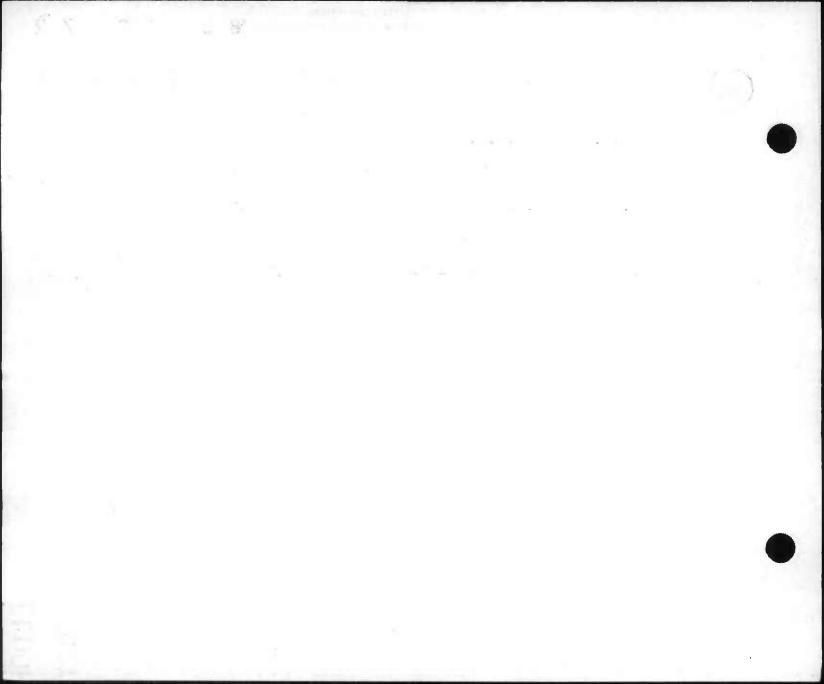
Curran Funeral Home Cambridge, Md. 21613 April 9 1980 25b REGISTRAR'S SIGNATURE

(VR A15ME (5))

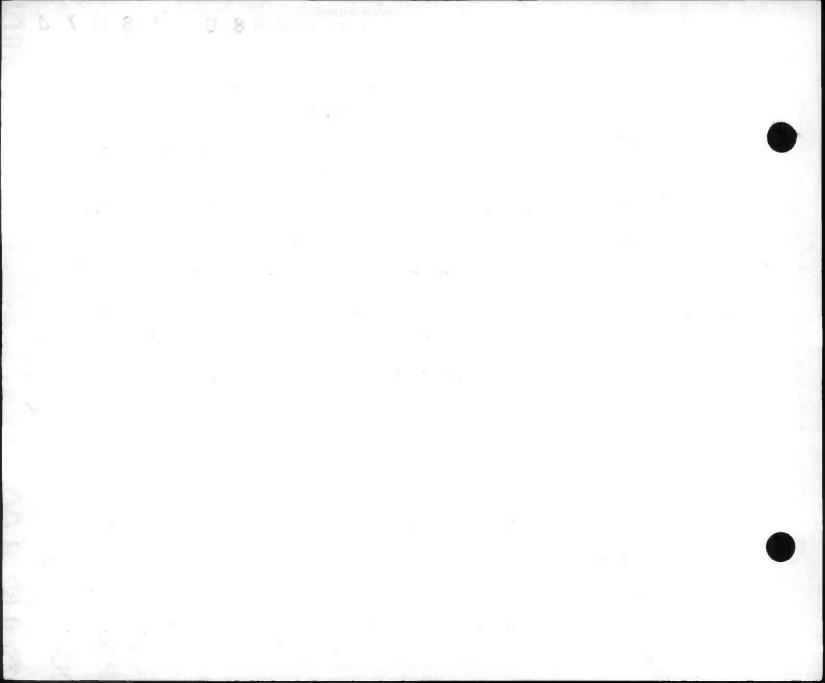
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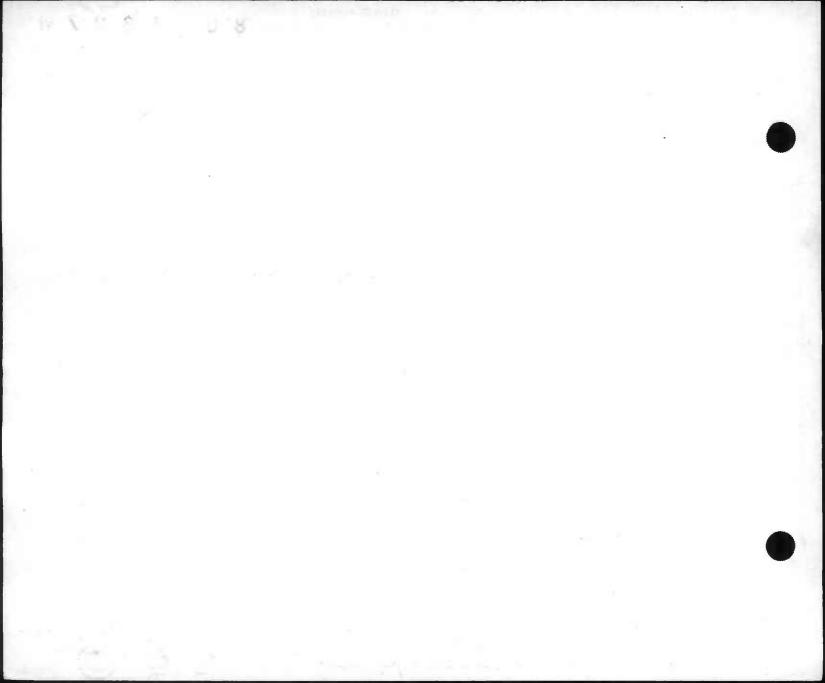
,		1-	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	GIENE 8	O REG. NO	1	8 2	2 7	2
		I. DE	CEASED NAME FIRST	ian	woode Webs		Hyrst	20 DATE OF D	EATH *	MONTH /	DAY YEAR	2b. HO	35
W		3 SE	female	4 RACE Whit	e	June	OAY YEAR	& AGE (IN YEAR	es last birth	(DAY) YRS	MONTHS OA		ER 24 HRS
in 72 hou of once.		le BI	RTHPLACE (STATE OR FOREIGN DUNTRY) Md.	TE CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE Doro	ches		OF DEATH		ME
by the fu filed withi			ty or town of DEATH ambridge	(IF NOT IN SU	CH FACILITY, GIVE STREET A	DDRESS)	or other Institution al Hospital	17a USUAL OC (TYPE OF WORK FO SUPE)	OR MOST OF	WORKING LI	FE) INDUST	o of Busing	
should be f	36	USU.	AL RESIDENCE (IF NURSING HOME O TATE 13b COU Md. DC	OTHER INSTITUTION	I GIVE RESIDENCE BEFORE 130 CITY OR TOWN Cambrid		134 INSIDE CITY LIMITS?	13a STREET AD	obress al r	oute	2		
and 2 sh	09	14 FA	THER'S NAME FIRST John	MIDDLE	Webste	c	15. MOTHER'S MAIDEN NA FIRST Lena		MIDDLE	,	Ewe	ėll	1
Poges 1			VAS DECEASED EVER IN U.S. AF (# YES, GN	RMED FORCES? E WAR OR DATES)	219-03-		Nileen W.	Bradsha	addres aw	RD	3 Box	Md. 2]	1601
g physicia onpopers removal.			18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly one couse pe D BY TE C AUSE (a)	Moracare	. (L Haemon	where			APPR BETWE	EN ONSET AN	ERVAL ID DEATH
orb or r			Canditions, if any, which	DUE TO, C	OR AS A CONSEQUE	NCE OF	Hole	•					
d by the leose rer iol, crem			gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, C	OR ADA CONSEQUE	NCEOF	ellitus.						
Then property to bury		NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ontributing to d	EATH BUT	NOT RELATED TO THE TERM						
hos be ene pri	-7	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES	NO SY?	IN CERTI	S, WERE FIN FYING GAUS ES []		ATH?
certificate priol-tronsi tentol Hygi	(C)		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE			Y YEAR	216 HOW INJURY OCCUR	RED (ENTERNATUR	RE OF INJURY	Y IN ITEM 18, I	PART I OR PART 2	¿)	
ter this of the build he build		MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	NRM, ETC }	211 LOCATION STREET		ITY OR TOW	N /	COUNTY		STATE
for use of Healt			220 I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	144	\ //6/	77	nd that in (my) (our) opinion	death occurred	on the do	te and hou	19 80 or and from 1		(we) lost stoted
ERAL DIRECTED CONTROLLE DE CONT			The SIGNATURE	hte	us .		DEGREE ATTENDING PHYSICIAN D	MEDICAL DIRECTOR	STAF	F IAN []	7/	14/8	30.
TO FUNERAL should be det with the Stote IMPORTANT:			22d PHYSICIAN'S NAME (TYPE O	OR PRINT) MEH	TA.		22R ADDRESS	RORA	. 21	V. V	CAH!	BPG	30-
)		(urial, cremation, removal burial	23b. DATE 7/17/	/80 Do	or. I	emetery or crematory Memorial Pa	23d LOCATE CITY OR TO TIL Cami	brid	lge I	county	este:	state r Mc
DHMH-16 20/ RA 15, 4) 7/			UNERAL DIRECTOR NAME HAMAS FUNERE	AL HOME	AODRESS	RIDO	250. DAT SEMP. H	TE REC'D. BY REG	SISTRAR Z	25h Jewy	CALLY FOR	a Orion	7



6	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 0	1 8	2 7 3
VI)		Clarence	MIDDLE	John	150A -	1 /	MONTH DAY YE	AR 25. HOUR
ector, por	3 SE		RACE White		DF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
uneral dir hin 72 hau afage		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY US	MARRIE WIDOW	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEAT	
in by the funeral director be filed within 72 hours of the motified of age (Cambridge /	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET Dorchester	et address)		126 USUAL OCCUPATION OF WORK FOR MOST OF SANITAT	ON 12b KI F WORKING LIFE) INDU:	IND OF BUSINESS OR STRY
	130	iaryland Do		WN	YES KIK NO		slyn Ave	e.
du s		Unknown	John.		15. MOTHER'S MAIDEN NAM	MIDDLE		Cormick
an and co	160 \	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GN Yes	E WAR OR BATES		17 INFORMANT SA Hobart H.		n Item #	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
signed by the attending physicia Then please remove carbon papers to burial, cremation, or removal. njury, or ather traumatic event, the	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEO	UENCE OF UENCE OF		TIC HT	DISEME-	-
has been if permit piene prior	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	
certificate certificate unal-trans tental Hyg tem 18 st	MEDICAL CEI	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PA	RT 2)
After this e os the b alth and A	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	1	211 LOCATION STREET	CITY OR TOV	VN COUNT	Y STATE
the haspital L DIRECTOR. Stacked for us te Dept of Hem 21 is in		saw the deceased alive an obave, (1) (we) (did) (did no 276 SIGNATURE	it view the body ofter death.			leath accurred on the di	22c.	that (I) (we) lost to the couses stated DATE SIGNED
efoined by 11 TO FUNERAL should be det with the Stote		ALFRED	RPRINT) R. MARYA	NOV	610 RAC		CAMB	2106E MD
BP		Burial, CREMATION, REMOVAL Burial			EMETERY OR CREMATORY Lawn Cemete		idge Dor	
DHMH-16 20M (VRA 15, 4) 7/78		UNERAL DIRECTOR NAME 10 PLAS Funeral	Home Box 34	Cambr 8 Mar	TUUC.	RECD. BY REGISTRAR	256. RECOUNTRAR'S SIC	X Cready



4	1	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 O	1 8	3 2	74
m 5			CEASED NAME FIRST	WIDDLE		AST	28. DATE OF DEATH	MONTH DAY		26. HOUR
oge 3 death)		Alver			nes		7-1	- 80	1-88A N
r, po		3 SE		4. RACE	5 DATE C		& AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	# UNDER 24 HRS
ect sect			Fèmale	Black-Neg	0 6	10 14	66	YRS.		
0 2	-	(OUNTRY)	76 CITIZEN OF WHAT COUNT	RY?	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH	
de Company	10		Jonth Canolina	U.SA.	WIDOWE		VORC	HEST!	FR	MD
ofter of the filed with				11. NAME OF HOSPITAL, NU	REET ADDRESS)		128 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE)	126. KIND OF INDUSTRY	F BUSINESS OR
2 42			ambridge Md.	Donchester		ral Hosp.	Disable			
2 _ 0 ~		13a.	STATE TIME COUN	ITY IIIC CITY OR T	OWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS)		
in 24 l			TARY 19Nd DONG	chesten Cambi	ridge, Md.	YES NO D		ine St.	1	
with	191	Pier.	EIRST	MIDDLE C LAST		FIRST	WIDDLE		LAST	
uted lon	211	14- \	HANDISE VAS DECEASED EVER IN U.S. AR	Book	ECURITY NO.	LUCY 17 INFORMANT	ADDRE	55	Mon	991
ond co		- (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR OATES)		INFORMANI		7 (1 2	0
0 0 0	b		UKNOWN			readion nich	195074	08 54	1/05	Cy -
physical physical proper prope			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	D RY		•				MATE INTERVAL
d on o			IMMEDIAT	E CAUSE (0) CACH	EYIA				MONT	11.7
deoth ce ottendini ove corb			1809	DUE TO, OR AS A CONSE					-10.000	
de d	2		Conditions, if ony, which gove rise to immediate	(16) METAS	TATIL	CARCINGNA 0	F CERVIY		ARM	74.3
by the	D.		cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSE						A - 2 - 4 - 14 - 6
tho d by leos	5					OF CERVIY				YEARS
equires signe Then p		z	PART 2 OTHER SIGNIFICANT C				MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	ı
2 2 5	-	일	190 DATE OF OPERATION	196 CONDITION FOR WH		TULA	20a AUTOPSY?	20b. IF YES, W	EDE EINIDINI	CCLICED
n. low in special properties of price o		CERTIFICATION	6-16-80	REVISION		USTUMY	- No No.	IN CERTIFYIN	IG CAUSES	OF DEATH?
SICIAN The lang physicion. certificate has certificate has entol transit per entol Hygiene ham 18 shows		E.	21a ACCIDENT WAS UNDERLYING	1,1		21c HOW INJURY OCCUR	YES NO W	YES [NO 🗌
physicic physicic rithcate bl-transit tol Hygin	7		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	THE HOW MAJORY OCCOR	KED (ENTER NATURE OF INJUI	TIN HEM 18, PART	ORPARI 2)	
YSIC ding s cer s cer		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
r this	2	ME	WHILE IN NOT WHILE IN	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC }	STREET	CITY OR TOV	/N	COUNTY	STATE
Afte e os otth o			22a certify that (1) this haspit	tol) amanded the decreed for		6-16 10 80		- 1 19	80	that(T)(we) lost
DOR:	2	ŀ				d that in my (our) opinion				
ECT PER	1		obove (Dwe) (did) did no	t) view the body after death.		DEGREE			22¢ DATE S	
he Desp	=		0.	ME	,	ATTENDING	MEDICAL STAL	F		-1-80
SPITAL I by 1 VERAL be de			224. PHYSICIAN'S NAME (TYPE OF	D DD (KIT)		100 1000000	DIRECTOR PHYSIC		,	10
O HOSPITAL etoined by the TO FUNERAL should be det with the State	5		17	and the second second	MO.	400	AURURA	STRE	_	1 1
show with	_	22-				EMETERY OR CREMATORY	MBRIDGE 1230 LOCATION	, 70	216	73
0.0		730.	BURIAL, CREMATION, REMOVAL	236. DATE /80	120	TT.	CITY OR TOWN	co	UNTY	STATE
BP		24 F	JSUYIA 1	1/3/00	100	1250 DA	TE REC'D, BY REGISTRAR	DE REGISTRAL	R'S SIGNATU	IDF
DHMH-16 20 (VRA 15, 4) 7		T	NAME & RICH	- St Cops	リンナけ	reval Howard	L 1 1980	Liste		ready
10, -///	1	\Box	un o Dill	w Jan 6	cid ge	10-130	L T 1200	1,1,1		



	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 0	1 8	2 7	5
# 4		ECEASED NAME FIRST	MIDDLE	Jones	20. DATE OF DEATH	ONTH DAY	YEAR 2	26. HOUR
, pog	3. 9	EX CYLY	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		NDER I YEAR	IF UNDER 24 HRS
director naurs aft	1	7	Wh	MONTH DAY YEAR	12	YRS		HOURS MIN
72 25	5 70.	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED		hester		٨
by the fune iled within	0	Cambridge	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION SET ADDRESS) Genl. Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF MECHANIC,	WORKING LIFE !	2b. KIND OF NDUSTRY	BUSINESSO
filled in bould be f	US	JAL RESIDENCE (IF NURSING HOME OF STATE 13% COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) WN 113d INSIDE CITY LIMITS?			47	
mpletely ond 2 sh	7	Charles	O. Jone	s ETT a	IAME , MIDDLE	She	lton	
Poges 1	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)	OF HARD OR DAYEST		ADDRE a Mae Jones		ille	,Md.,
popers popers naval. ent, the		PART I. DEATH WAS CAUS		ne Avest			BETWEEN ON	ATE INTERVAL
corbon n, ar ren		4399	DUE TO, OR AS A CONSEC	DUENCE OF AW	+		tue	lde
I, cremotion		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A DONSEC		Lauling		14	V.
n signed Then ple r to burio injury, or	ZO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	ODEATH BUT NOT PLATED TO THE TER	PULLUS	DITION GIVEN I	PART I(o)	Luis
permit.	CERTIFICATION	THE DATE OF OPERATION	185 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	786 AUTOPSY?	70s. IF YES, WE IN CERTIFYING YES.	G CAUSES O	S USED OF DEATH?
ol-tronsil rtal Hygi em 18 sh		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING C CAUSE OF D LY ETHER, NOTIFY MEDICAL EXAMINE	HALL HOUR AM MONTH		JRRED (ENTER HATURE OF HUJUR	Y PHILEM III, PART I	OR PART 2)	
nd Mer	MEDICAL	THE INJURY OCCURRED	ZIA PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	711. LOCATION	City on fow	14 6	COUNTY	STATE
After se as th alth a marke		22s I certify that (I) (this has	pital attended the decreased from	7/17/10:07	119180	19_	10	ot (I) (we) la
CTOR: for us of He		sow the decrosed alive of	11101101	, and that in (my) (our) opinio	on death occurred on the do	ate and hour and	d from the co	suses stated
toched e Dept. If Item		22b. SIGNATERE	e hayam	DEGREE	MEDICAL STAP	F IANI 🗆	7//	FIFT
be de Stote		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22. ADDRESS	CADIRECTOR PHYSIC	O/O A)	1	1
the SRT		I I YULVI	ure Mai	117 11661 111	Cd man 1	A-6 (a	1110	Y

23 NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN

1980 Dorchester Mem Park Cambridge Dor 250 DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SKIN TUNE OF DRESS AMBORIOGE, Md., JUL 2 5 1980

DHMH - 16 50M 7/77 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

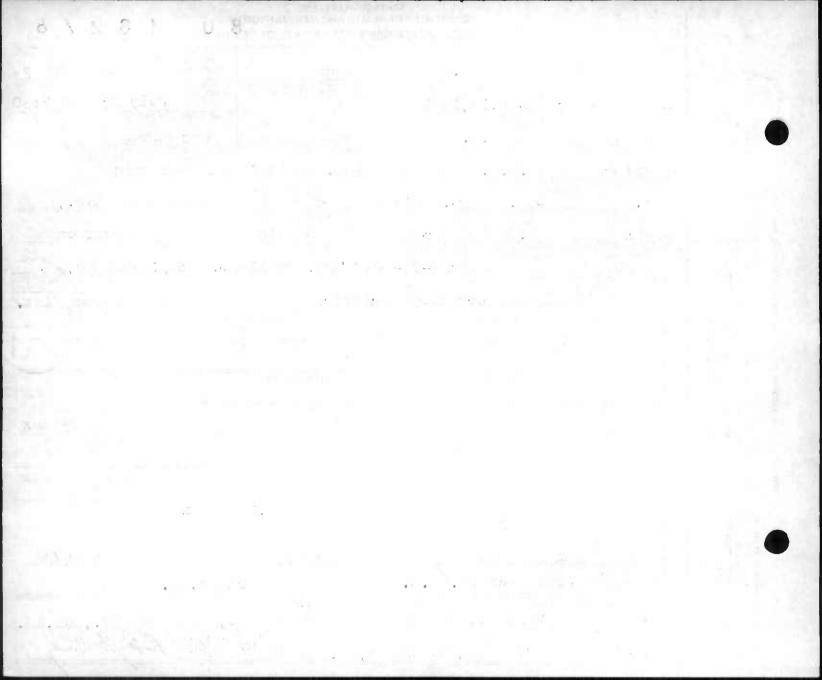
Burial
24. FUNERAL DIRECTOR

23b. DATE

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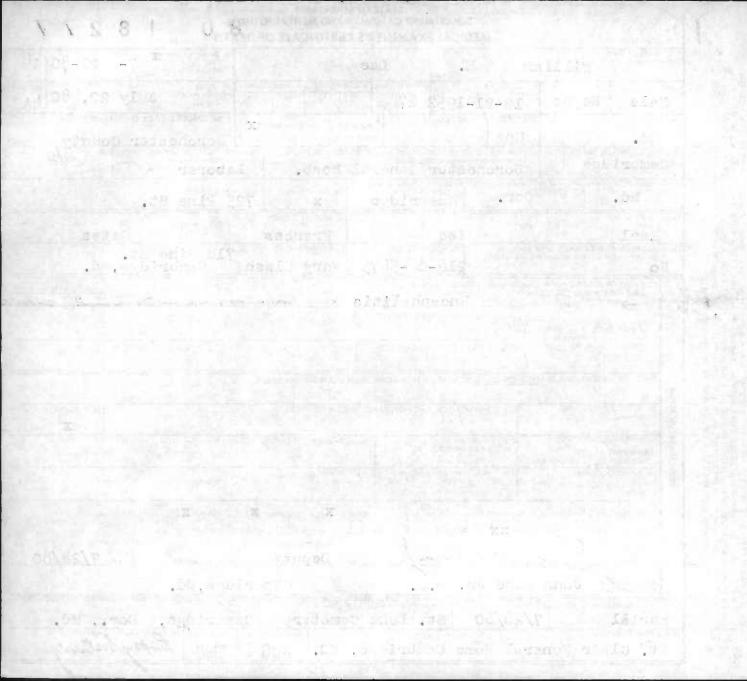
Thomas Funeral Home, Cambridge, Md.,

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=	.'Al examiner ; this certificate should be executed within 24 hours after death. If any delay is ne	THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FU	HOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3, RETAIN PAGE 5	RAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, V	ATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W.	1 0
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	2	E	CO	PE	S	
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H	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	8 2 7 7
S.X.S.E	DECEASED NAME FIRST W111	.am E. Lee LAST 20. DATE KNOWN OF ESTI- DEATH MATED	7- 22-80 AM
100	SEX A RACE Negro	TZ-ZI-IJJ4 ZI YRS.	Aly 22, 19 80 LANA
NECESSA FUNERA 5 FOR WITHII	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	USA MARRIED NEVER MARRIED PORCHESTE	er County MD
PAGE 301	Cambridge	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Dorchester General Hosp. 120. USUAL OCCUPATION (TYPE of MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) Laborer	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
AND 3	30. STATE Md.	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY Dor. 13c CITY OR TOWN Cambridge 13d. INSIDE (1TY LIMITS? 13e STREET ADDRESS 1723 Pine St.	
T N 4	4. FATHER'S NAME FIRST Earl	Lee Is. MOTHER'S MAIDEN NAME FIRST FIRST FIRST	Gates
DURS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM T. PAGES 1 AND 5, DIVISION OF VIT	60. WAS DECEASED EVER IN U.S. AF (YES, NO. OR UNKNOWN) (IF YES, GIVI	RMED FORCES? 166. SOCIAL SECURITY NO. 214-66-5873 Mary Clash Cambrid	lge,Md.
UUD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN ITEM 18, 18 FF MEDICAL EXAMINER ALONG. SED AS A BURAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, IC CREMATION, OR REMOVAL.	PART I DEATH WAS CAUSE Conditions, if any, which gave rise to immediate cause (a) stating the under lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS	ATE CAUSE (o) ENCODE LITTS DUE TO, OR AS A CONSEQUENCE OF (b) (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ?
A SECOND	19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
RTIFICATE SHO G THE WORD TO THE CH SHOULD BE U PARTMENT OF OR TO BURIAL,		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	ART I OR PART 2)
THIS CERTING , WRITING WARDED T PAGE 3 SH TATE DEPA	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
MEDICAL EXAMINER: CUTE THE CERTIFICATE, SE 4 SHOULD BE FORN FUNERAL DIRECTOR: ER DEATH, WITH THE SI TIMORE, MARYLAND, 21	death resulted fram: Note	Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER ADDRESS Cambridge, Md.	DATE SIGNED 7/211/80
Bb———BATOFE	30.BURIAL, CREMATION, REMOVAL SPECIFY) Burial	7/26/80 St. Luke Cemetery Cambridge,	COUNTY STATE
DHMH · 17 (VR A15 ME (5)) 15M 7/77	St. Clair Fur	neral Appress Aug 1250. Date Rec'd. By Registrar Aug 12 1980	By he Crody



	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENES O	10.	8 2	7 8
4 4		CEASED NAME FIRST	etta A	LENZ	20 DATE OF DEATH	MONTH E	R 80	26 HOUR
M)	3. SE		White	5 DATE OF BIRTH MONTH DAY YEAR 9 26 18	6 AGE (IN YEARS LAST BIR	_	IF UNDER I YEAR	IF UNDER 24 HRS
nn 72 to		RTHPLACE ISTATE OR FOREIGN YORK	76 CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF DORCHES		OF DEATH OUNTY	٨
by the fu	10 CI	Ambaidae	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ON OF WORKING LIFE	12b. KIND C INDUSTRY)F BUSINESS O
y filled in should be er must be	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)	1 - 1 - 1	N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS Rt 3 Box	193D		
ompletel ond 2 s		JOSEPH	CARUCC	CNA	ME	Ecc	CARRUC	ST .
s. Poges e medica	16a V	VAS DECEASED EVER IN U.S. AR YES, 110 OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUL EWAR OR DATES) 2120974				CAMBR	IDGE
d by the ottending phy lease remove corbon.pc iol, cremotion, or remo- or other troumatic even		Conditions, if ony, which gove rise to immediate cause 10', stating the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE 10)	ENUSIVE CARDIO				
os been signe bermit Then p te prior to bur vs ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY?	20b IF YES	, WERE FINDII	NGS USED S OF DEATH?
iter this certificate has the buriol-transit proof hand Mental Hygier riked or them 18 shown	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 210 IN JURY OCCURRED WHILE AT WORK AT WORK		21f LOCATION	YES NOT			NO STATE
e detoched for use o Stote Dept. of Health ANT: If hem 21 is mo.			tol) ottended the deceosed from 77 to view the body after death.	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	, to	FF	r and from the	
ORT.			MOSKETO ICZ		34en st.			1

23c. NAME OF CEMETERY OR CREMATORY

WATORY 23d. LOCATION COUNTY BALTO
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S

JUL 8 1980

COUNTY

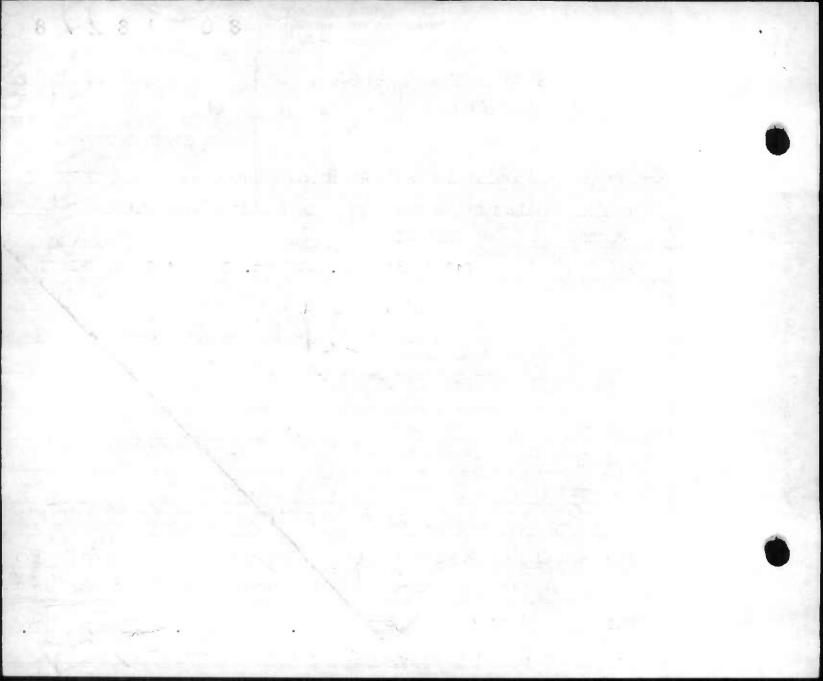
BP. DHMH - 16 60M 1/75 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTOR

7/5/80

23b. DATE



pe

medical

njury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

8

	REGISTRAR				CEKITI	ICATE UF	DEATH	REG	NO.				
1 DE	CEASED NAME	FIRST	N	IDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOU	
(TYPE	OR PRINT)	IMA		M.	1	EWIS			7	17	80	6	A M
3 SE	X	4.	RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)		RIYEAR	IF UNDER	
	Female		White		Ju		1904	75	YRS	MONTHS	DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF V	VHAT COUNTRY?	MARRIE	n NEVER	MARRIED [9 BALTIMORE CIT	Y OR COUN	TY OF DE	ATH		
	laryland		U	S.	WIDOWE		NORCED	Dorch	ester				MD.
10. C	TY OR TOWN OF DEA	(TH 11		OSPITAL, NURST		OR OTHER IN	STITUTION	12a USUAL OCCUP	ATION	12b	KINDO	F BUSINE	SSOR
C	Ambridge	E C		dge Hou		ursin	Home	Homama		Circ) IIV	ZOSIKI		
USU.	AL RESIDENCE (IF NURS	ING HOME OR OT	HER INSTITUTION.		RE ADMISSION)			13e STREET ADDRE					
	Md.	Do		Vienna		YES 🖅	NO 🗌	Linde					
14_FA	THER'S NAME	MID	DIE	LAST		15 MOTHER	'S MAIDEN NAM	AE MIDDL		12	LAST		
	George	W		Richa	rdsor	1	Vettie	MIDOL		. 1	Jugh		
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECT		17 INFORM		AD	DRESS				
	No	(10.103, 0.10	-	220-32-	7735	Mrs.	Sylvia	Reid .Ch	ester	town	á . Má	R	. D. 4
	18 CAUSE OF DEAT	H Enter only	ane cause per	line far jal, (b), ar	nd Ic	1. F		0 1				MATE INTER	VAL
	PARTI. DEATH W	IMMEDIATE		Mye	car	dial	In	tare Tie	14		1	624	
	415-		DUE TO, OR	AS A CONSEOU	ENCE OF	1	14 1	1	. 1.		,		
	Conditions, if any,		(b)	CP	reh	ral	HVTEV	iuscler	1130		\$ 4	NZ	
	gove rise ta imn cause 101, statin		DUE TO OR	AS A CONSEOU	ENCE OF	0	. /	. 1 4 .1				54	.00
	underlying cause	lost	(c)		(Teni	v 9/12	ed Art	Privs	c/pr	ocic	37	r>
_	PART 2 OTHER SIGN	IFICANT CO	nditions <u>cc</u>	NTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATE	D TO THE TERM	IN AL DISEASE OR C	ONDITION G	IVEN IN	PART 1/o	1	
NO.													
MEDICAL CERTIFICATION	19a. DATE OF OPERA	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	20b. IF Y	ES, WER	EFINDIN	OF DEAT	H?
RTIF								YES NO		YES 🗌		NO []
Ü	21a. ACCIDENT WAS UND		HOUR A.A	injury A. month d	AY YEAR	21c. HOW I	NJURY OCCURR	ED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR	PART 2)		
ICAI	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P.A		19								
MED	21d INJURY OCCURE		21e PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCAT STREE		CITY OR	TOWN	COL	YINI	ST	ATE
	AT WORK AT WO	RK —			12/	1120		7/17	10,				
	220.1 certify that (1) saw the decease		ottended the	peceosed from_	1 / 1	111		to	7 0 0	. 19	6	that (I) (v	,
	obove, (I) (we) (c	lid) (did not) v	new the body	after death.			(our) apinion o	death occurred an th	e date and h	aur ond t	rom the d	couses sta	ted
	225 510 NATURE	/				DEGREE	ATTENDING .	MEDICAL S	TAFF	22	DATE !	SIGNED	21
	Cur	mi (Maryo	run	N	1)	PHYSICIAN		SICIAN		111	10	0
	THE PARSICIAN'S NA	ME (TYPE OR PE	11		, h. h	226 ADDRE	55 610	15466 i	7	41	14	11	1
	ram n s n	(6)	Ndr	Yanov			C	1 mgxid	961	MO	(1	6/	3
23a. B	SURIAL, CREMATION,	REMOVAL	23b. DATE				CREMATORY	23d LOCATION CITY OR TOWN		COUNT		STA	TE
	Burial		July	20,198		Paul		Qem.,Vi			-		
24. FL	INERAL DIRECTOR	L	211	APORESS	2.073	2013	3 250. DATE	REC'D. BY REGISTR	AR 251	fory,	XQ (RE	,

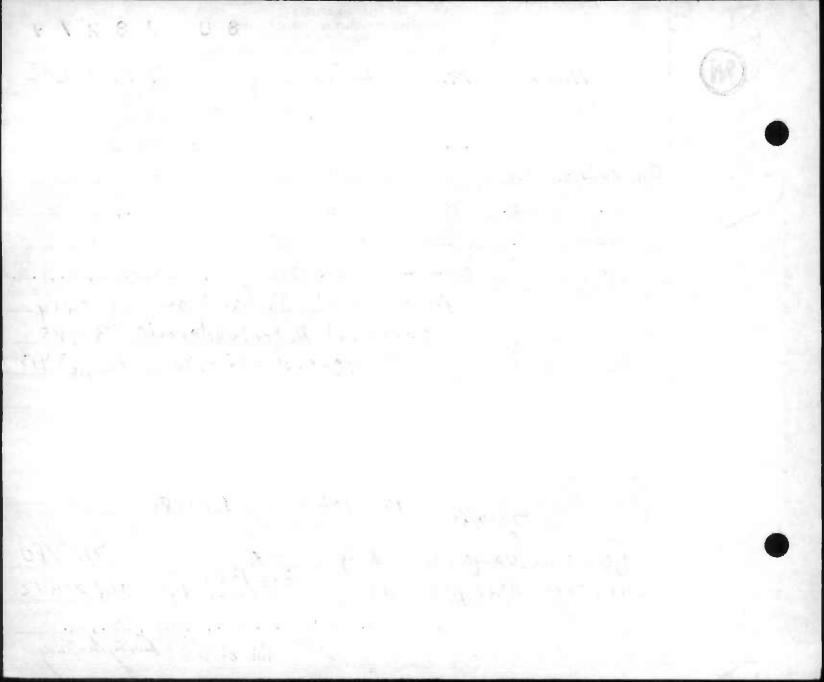
JUL 21

1980

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. BP.

DHMH - 16 60M 1/75 (VR A 15 (4))

24. FUNERAL DIRECTOR



nding physicion ond completely filled in by the funeral director carbonpapers. Pages 1 and 2 shauld be filed within 72 haurs af

d'Ence.

injury, ar other troumotic event, the medico

should be detached for use as the buriol-tronsit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other troumotic event, th

TO FUNERAL DIRECTOR. After this certificate has been

OR ATTENDING PHYSICIAN: The low offending physicio

STATE OF MARYLAND

1 - 5	STATE REGISTRAR			DEPAKIN		ICATE OF DEATH	SIENE O	REG. NO.	0	lus	0	U
1. DECE (TYPE OR	ASED NAME PRINT)	bert	Ĵ	MDDIE	1 19	rousek	2g DATE OF D		6	YEAR FO	26. HOU	
3. SEX	Pase		RACE Cas	ian	5 DATE O	DAY YEAR	6 AGE (IN YEAR		MONTH	DER 1 YEAR	# UNDER	AIN
COU	HPLACE (STATE OR FO			WHAT COUNTRY?	8 MARRIED WIDOWE	NEVER MARRIED		cityorcou			tv	MD
Ca	or town of DEA mbridge		Dorch	uch facility, give street address) hester			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Farmer Agricult					
13a. STA	D	136 COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Rhodesd	N	13d. INSIDE CITY LIMITS? YES NO X		n Fore	st	Road	7	
	HER'S NAME FIRST OSEPH Wa	lter	Marou	sek		15. MOTHER'S MAIDEN NA FIRST Katherine		MIDDLE Era		LAS	T	0
(YES	S DECEASED EVER	IN U.S. ARME (IF YES, GIVE WA		217-05-		Nildred Ma	rousek	者数数 2 Rhode	15 sdal	Le,M	0216	559
ρ	Conditions, if any, gove rise to imm couse (a), stating underlying couse	AS CAUSED E IMMEDIATE (which necliote g the lost.	DUE TO, OF DUE TO, OF (b) DUE TO, OF	My CER RAS A CONSEQUE RAS A CONSEQUE	NCE OF	in farction		dr condition	GIVEN I	40	MATE INTER	DEATH
CERTIFICATION	a DATE OF OPERAT	100	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOP	SY? 206. IF	YES, WE	RE FINDING CAUSES	NGS USEI OF DEAT	TH?
	216, ACCIDENT WAS UNDERLYING 216, TIME OF INJURY OR CONTRIBUTING 2 CAUSE OF DEATH HOUR A.M. MONTH DAY YI					21c HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM	18, PART 1 C	OR PART 2)		
ME	HILE NOT WHILE TWORK AT WOR	RILE 🗀	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	c	ITY OR TOWN	C	OUNTY	S1	TATE
2:	20.1 certify that (I) sow the decease above, (I) (we) (d	d alive on	1662	6 19	SO, on	d that in (my) (our) apinion	deoth occurred	on the date and	hour and		that (I) (,

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED 80

PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial**

22e ADDRESS

HLOCK 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN

BP

retained by the hospital

HOSPITAL

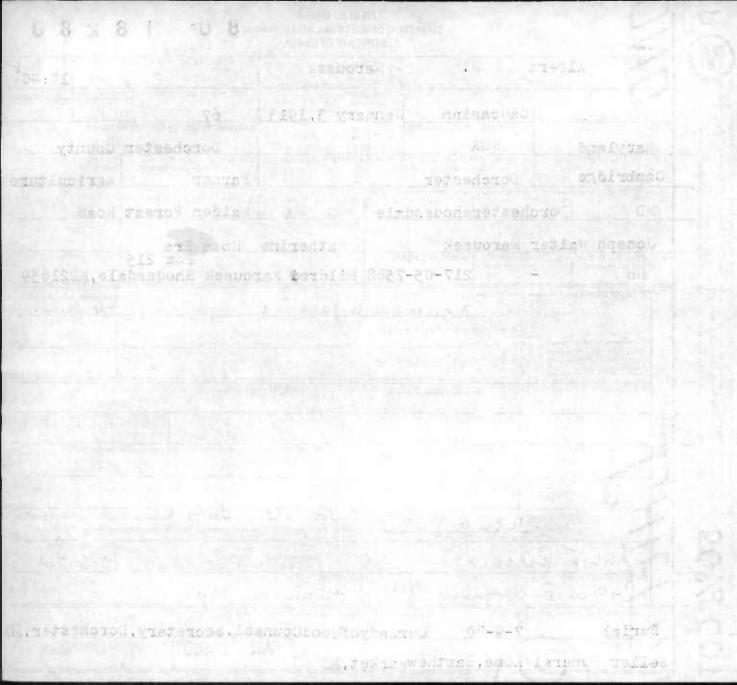
DHMH - 16 50M 7/77 (VR A 15 (4))

OurladyofGoodCounsel 24 FUNERAL DIRECTOR Zeller Funeral Home, EastNewMarket, MD

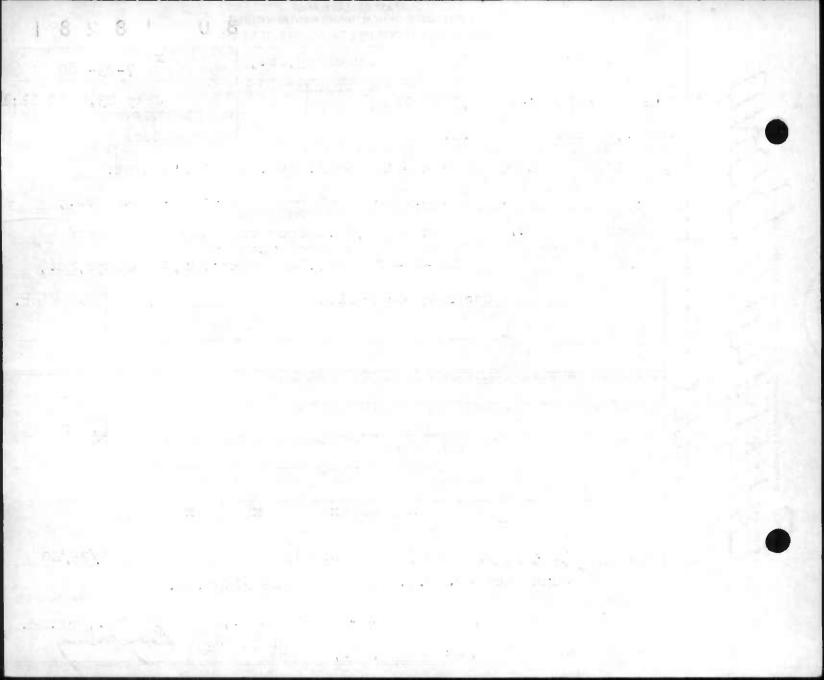
7-9-80

236. DATE

. Secretary, Dorchester, ND



4	1-	FOR STATE REGISTRAR		DEPARTMENT OF H		ENTAL HYGIENS	O REG. NO.	8 2 (8 1
AM.		CEASED NAME FIRST ECHAPTION Edward	V	Villiam	McDuffe	y,Jr.,	OF ESTI-	7-23-198	O A M
SSARY RAL DEECT R YOU HIN 77 OU ESTON STIR	Ma 7a. BI	le Whit	7h CITIZEN OF	th year 6. AGE (IN YEAR 27, 1946 33) YRS	IF UNDER 1 YR. MONTHS DAYS MARRIED NE	HOURS MIN PRO	DATE NOUNCED DEAD ALTIMORE CITY OR	MONTH DAY YE	80 11:1
O THE FUNE PAGE 5 FO E FILED, WIT	10. CI	ass., Boston y or town of DEATH ambridge	11. NAME OF H	U.S. IOSPITAL, NURSING HOME, HEACILITY, GIVE STREET ADDRESS) The Dorchester Address of the Control of the Co	OR OTHER INSTITU	TION 12ª USUAL C	orcheste OCCUPATION (TYPE O OF WORKING LIFE) riff's A		
F ANY DELA SAND 3 TO SHOULD BE RECORDS.	13a. S1	Md.	ME OR OTHER INSTITUTION		Je 13d. INSIDE (ITY LIMITS? 13e STREET /	ADDRESS	thts Ave.	
PW YEATH		THER'S NAME Edward	WIDDIE	McDuff	ey,3r. M	er's maiden name lercedes	nidole Inez	Ford	1
URS AFTER DI B. GIVE PAGE WITH FORM DIVISION OF	16a. W	(IF YES, (ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY	NO. IT. INFORM	Mary Matt			Id.
BE EXECUTED WITHIN 24 HO DIDING", IN PENCIL, IN TEM 1 LEDICAL EXAMINER ALONG IS A BURIAL-TRANSIT PERMIT ITH AND MENTAL HYGIENE, NATION, OR REMOVAL.	NO	Conditions, if any, wh gave rise to immed couse (a) stating the unallying cause lost.	DIATE CAUSE (a) CDUE TO, with the control of the co	OPONARY OCCOR AS A CONSEQUENCE O	F	N GIVEN IN PART 1 (a).		Few	DNSE AND DEATH
WORD "PEN WORD "PEN HE CHIEF W ID BE USED / ENT OF HEA BURIAL, CREA	MEDICAL CERTIFICATION	190. DATE OF OPERATION		IDITION FOR WHICH OPERA				20. AUTOF	
TIFICA TO TO T	HCAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE 214. INJURY OCCURRED	OF DEATH F	OF INJURY A.M. MONTH DAY YEAR P.M. 19 E OF INJURY (AT HOME.		OCCURRED (ENTER NATUR	E OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)	
THIS CER WRITING WARDED AAGE 3 S IATE DEP	MEC	WHILE AT WORK AT WORK		CE OF INJURY (AT HOME, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21		death resulted from: N ACTUAL SIGNATURE	aturol couses X,	described above, held on Accident , Suic		PECIFY)	EXAMINER	in my opinion DATE 7/25	/80
BP— PAGE TO RU TO RU BATTER BATTER	74 FI	rial cremation remova Burial Interal Director Thomas Fune	July 25	23c. NAME OF CEM 5,1980 East	New Mar	ory 23d locat	ION	COUNTY MKT DO TAR'S MENATURE	state or.Md.
30M 7/73		THOMAS FUNC	Tar Hom	e, cambridge	Md.	JUL 0 - 10	,00	/	



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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	5	7	0	W	当	
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	EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEW	ITE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUN	4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 F	NERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, W	DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 301 W. F	TANCHER OF INCIDENTIAL CENTRE OF SOLID COLOR CONTRACTOR SOCIETY
	20	E	S	ER	EA	200
	L	-	4	Z		1

	1-	FOR STATE REGISTRAR		WE	DICAL	STAT MENT OF H EXAMINE	EALTH		ENTALH	HYGIEN OF DEA	ξ _H O	REG. N	į 8	2	8	2
) E		CEASED NAME OR PRINT)	Aaron		MIDDLE	Mite	chel	LAST			20. DATE OF DEATH	ESTI- MATED	7-5		980	PM _M
ON STRE	3. SEX	Male	1. RACE Negro	5. DATE OF BIRTH	1911	6. AGE (IN YEAR LAST SHOULD AVENUE OF YES	MONTH		IF UNDER	24 HRS.	2c. DATE PRONOUN DEAD	VCED 7	MONTH 5	DAY	80 2	2d. HOUR
201 W PRESTON	FO	RTHPLACE (S REIGN COUNTRY) UNKN	own	76. CITIZEN OF W			WIDOW		DIVORC	ED D	Do	ore city	ster	Cor	untv	
63	C	ambri	dge,		ester	General General	cal			12a. USL FOR A	AL OCCUPACE LA	orter	PE OF WORK	12b. KIN OR	ID OF BUS INDUSTR	SINESS Y
5	USUA 13a. S		(IF IN NURSING HOME OR	OTHER INSTITUTION, C Y	13c CITY	OR TOWN)	136 INSIDE CI YES	NO [13e. STRI	MOC	ss res	Ave			
91	16a. V	THER'S NAME FIRST UNKN /AS DECEASE	OWN DEVER IN U.S. ARM	MIDDLE	16b. SOC	LAST	NO.	Un 17. INFORM	iknow		, M	ADDRES	S	L	AST	
DIVISION OF ALLAN	[4]	S, NO, OR UNKNO	OWN) (IF YES, GIVE W			24-80		Pur	nell	l Flu	men		brid	lge,	Md.	
AND MENTAL HYGIENE, ION, OR REMOVAL.		Condition gove ri couse (a lying cau	ns, if ony, which se to immediate) stating the under-	BY: E CAUSE (a) C OI DUE TO, OI (b)	ronar Rasacon	Y OCC	=		N GIVEN IN PA	ART 1 (a).					w M	ns.
Sol, cke	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								UTOPSY?	NOT		
3	CAL CER	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D	HOUR A./	HOUR A.M. MONTH DAY YEAR				HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR							
Z Z Z	MEDICAL	21d, INJURY C WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY CTORY, FARM, E			CATION			CITY OR TO	wn	cc	YTHUC	376	STATE
TIMORE, MARYLAND, 212			fy that I took charge ed from: Noture	af the remains de al couses X, ohn Macc	Accident	, Suic	м	, Homic	pecify)	Undete	Inquiry ermined mo	onner .	nd in my o		18/8	30
AFTER BALTIM	(5	JRIAL, CREMA PECIFY) Bur	tion, REMOVAL 23	6. DATE 7/8/80		NAME OF CEMI Bethel	ETERY O	r CREMATO	у.	Car	CATION ORJOWN 10 Dric			or.	Mc	I.
5))		t. C1	air Fune	eral Ho	me, (Cambri	dge		ZOO. DATE		REGISTRA IGAN	R 25b. REG	HALL	hel	andy	

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. In a should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages I and 2 should be filed within 72 hours aftend and the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be partitled at once.	1
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STATE OF MARYLAND

	1 -	STATE REGISTRAR	DEPAK		ICATE OF DEATH	REG. N	0.	0 4	0 3	
		CE ASED NAME OR PRINT)	MIDDLE	ý	arpa	20 DATE OF DEATH	MONTH DI	8 80	26. HOUR -	
	3 SEX	Male	White	5. DATE C		6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN	
1	cc	ountry)	U.S.	7? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Dorchester				
100		Cambridge	1. NAME OF HOSPITAL, NURS JIF NOT IN SUCH FACILITY, GIVE STREE DOTCHESTER	Gen1.		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Ret. Water	F WORKING LIFE)	126. KIND OI INDUSTRY	F BUSINESS OR	
	13a S	rid. De		WN_ I	YES 🔼 NO	13e. STREET ADDRESS 302 Ta	lbot	Ave.		
-		William G	rant Par	A. R. Sant	15. MOTHER'S MAIDEN NAME FIRST	WIDOLE		Shel	ton	
	16a W	/AS DECEASED EVER IN U.S. ARM es, no or unknown) (If yes, give v NO	MAR OR DATES) 16b SOCIAL SEC 220-32	A A	Mrs Edna D	ADDRE Darks, Ca		ge,Md.		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1-1-	Ro B	ly cardi	e Defar	cheon	3 a	MATE INTERVAL ONSET AND DEATH	
		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEO	UENCE OF	A800			Lev.	Y20.	
		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEO							
	TION	PART 2. OTHER SIGNIFICANT CO	20a, AUTOPSY?							
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO		200. AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE/ YES NO YES NO NO JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OF PART 2)				
1	MEDICAL CE	2]0. ACCIDENT WAS UNDERLYING	P.M.	DAY YEAR		RED (ENTER NATURE OF INJUI	IY IN ITEM 18, PAR	RT I OR PART 2)		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f. LÖCATION STREET	CITY OR TOV		COUNTY	STATE	
		220.1 certify that (1) (this haspital sow the deceased alive on _ above, (1) (we) (did) (did not)		80, on	d that in (my) (our) opinion	deoth occurred on the de		and from the a		
		226. SIGNATURE LOOF	house	(MEDICAL STAI		7/d	V/8U	
1		224 PHYSICIAN'S NAME (TYPE OR F	HARIFF.	mg	105 AURO	en St.C	AMBI	RIDGE	216/3 mD	
	(5	URIAL, CREMATION, REMOVAL PECIFY) Burial	July 20,198	NAME OF C	en Lawn Cen	-			STATE	
	24 FU	NAME Thomas Fu	neral Home,	ambri	dge Md. 25a PA	E REC'D. BY REGISTRAR 2 5 1980	25b. RESSTP	AR'S SUSTIA	Redy	

DHMH - 16 50M 7/77 (VR A 15 (4))

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requires that the death certificate be executed within 24 haurs after

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

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retained by the haspital ar attending physician.

tar, page 3 after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune should be detached far use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 shauld be filled within: with the State Dept. af Health and Mental Hygiene prior to burial, crematian, ar removal.

5	1 -	FOR STATE REGISTRAR	DEPAR		TH AND MENTAL H ATE OF DEATH	YGIENE 8 U	8 2 8 4		
		CEASED NAME FIRST OR PRINT) GEORGE	MIDDLE E.		LLIPS	20 DATE OF DEATH MONTH	8 80 2 30 N		
1	. SEX	MALE	CAUC.	5. DATE OF BI	RTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN RS		
5	cc	MAKYLAND	CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	7	A DORCHE	ESTEK. MI		
3	OK	IMBLIDGE		HOLE	HOSP.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	17b. KIND OF BUSINESS OR INDUSTRY		
5	30 S	AL RESIDENCE (IF MURSING HOME OR O TATE 136 COUNT 1D.	Y 13c. CITY OR TO	WN 13d	INSIDE CITY LIMITS?	Main str	eet		
70	0	HALLES W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LIPS.	MOTHER'S MAIDEN M	JANE	LAST		
1		VAS DECEASED EVER IN U.S. ARM TES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	- 7 M7M	HOM	Baker Est	10, Can hole		
		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY:	ondicia i			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		4039 Conditions, if ony, which	DUE TO, OR AS A GONSEQ	UENCE OF	clesos	e ô			
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	UENCE OF	C arte	uesaleeses			
	NOI	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to</u>	O DEATH BUT NO	T RELATED TO THE TE	rminal disease or condition			
2	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			
	- 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.		C. HOW INJURY OCCI	URRED (ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	LOCATION	CITY OR TOWN	COUNTY STATE		
		22a.1 certify that (this haspital saw the deceased alive on (did) (did not)	7/8/80 19		not in John (our) opinion	on death accurred on the date and	hour and from the causes stated		
		The sicing of the sicing	ales	DEG	ATTENDING PHYSICIAN		776. DATE SIGNED		
1	/	ED DELC	mater, 1	770 "	E.S. H.C	? Cambridge	e,Mo		
	23e. B	Burial Burial	23b. DATE 23.	NAME OF CEME	TERY OR CREMATOR	23d LOCATION CITY OR TOWN	idge, Dor., Md.,		
7	4. FL	JNERAL DIRECTOR	eral Home Ca		15011	DATE REC'D. BY REGISTRAR 256. RE	BITRAR'S SIGNATURE		

STATE OF MARYLAND

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the time of the second second	A STATE OF THE STA	July 15	SUPPLIES		

	1		FOR STATE	DEPARTMEN	STATE OF MARYLAND NT OF HEALTH AND MENTAL HY	GIENR D I R	285			
	1		REGISTRAR		AMINER'S CERTIFICATE OF	REG. NO.	2 0 3			
	関係を設定		CEASED NAME FIRST PAULDO	II B.	PHILLIPS	26. DATE KNOWN A MONTH OF ESTI- DEATH MATED 7	27 80 26. HOUR			
	AC BON	3. SEX		MONTH DAY YEAR LA	GE (IN YEARS IF UNDER 1 YR. IF UNDER 24 ST BIRTHDAY) MONTHS DAYS HOURS	HRS. 20 DATE MONTH	27 80 12 HOUR			
	YOUR YOUR		ale negro	MARCH 19,1928	(52r)	9. BALTIMORE CITY OR COUN	16 TTTRIWO			
	A STATE OF THE STA	FO	REIGN COUNTRY) MARY LAND	USA	MARRIED NEVER MARRIED	1				
	PAGE PAGE FILE		TY OR TOWN OF DEATH ambridge	JIF NOT IN SUCH FACILITY, GIVE STREET	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION INFINOT IN SUCH FACILITY, GIVE STREET ADDRESS) Dorchester General Hospital 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE)					
201	CES 1, 2, AND 3 IGEN PER PAR PER PAR AND 2 SHOULD BE OF VITAL RECORDS	USU A 13a. S	AL RESIDENCE (IF IN NURSING HOME OF			3e. STREET ADDRESS				
ID. 21	1, 2, 7, 3, 2 SH		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		LAST			
ORE, M	FORM PM FORM PM FORM PM FORM PM FORM PM FORM PM	16a. V	VAS DECEASED EVER IN U.S. ARM	W PITTITT AED FORCES? 166. SOCIAL S		MeliAl Address				
ALTIM	A N N N N N N N N N N N N N N N N N N N	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE V		6-2733 LELIA EL		REK.MD.			
ST., B/	587		PART I DEATH WAS CAUSED	DUIDKE TITLE	lation and thermal:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
STON		2	8702	DUE TO, OR AS A CONSEQ	UENCE OF					
V. PRE	UTED WITHIN IN PENCIL IN EXAMINER A STATE TRANSIT MENTAL HYON REMOVAL		Canditians, if any, which gave rise to immediate cause (a) stating the under-	(b)	JENCE OF					
301 V		8	lying cause last.	(c)	SENCE OF					
RECORDS,	200	NO.	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO OEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	(0)				
AL REC	SED	MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED?	The same of the sa	20 AUTOPSY?			
FVIT	E SE	ERTE	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART) OR PA	YES X NO			
ONOF	SHOUND	CALC	UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH 9 P.M. 7-27-	YEAR 19 80 Trailer fir					
DIVISION	FER: THIS CERTIING TE, WRITING FORWARDED T OR: PAGE 3 SH HE STATE DEPAI DE 1201 PRIOR	MED	21d. INJURY OCCURRED WHILE NOT WHILE X AT WORK AT WORK	STREET FACTORY FARM STC	Box 116 Location Box 116 Liners	Rd., "Church Creek;	Dörchester Md.			
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 PRI			e of the remains described above, his		, Inquiry , and in my as	pinian			
	AL EXAMPLE CERT HE CERT HOULD THE WITH, WITH, WITH, WITH		ACTUAL SIGNATURE	Down	. TITLE (SPECIFY) M.D. Assistant	_MEDICAL EXAMINER SIGNE	7-29-80			
	TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BALTIMORE,		EXAMINER'S NAME AND M	. Dixon, M.D.	ADDRESS	Penn St.				
		23a. Bl	JRIAL, CREMATION, REMOVAL 23 PECIFYL SURTAL		OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN LINERS RD. DO	NIX MD			
	BP	14.5	INERAL DIRECTOR	AADDRESS ST. CLA	IR F. HOME 250. DATE REC	C'D. BY REGISTRAR 15% BY TSTRAR'S S	PAR PRE			
	(VR A15 ME (5)) 1SM 7/77	1	educal CX	CAMBRI		12 1980				

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201		c'	es	5	4	,
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	to medical examiner; this certificate should be executed within 24 hours after death, if any delay is	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILEI	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
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DHMH-17

(VR A15 ME (5))

15M7/77

1-	FOR STATE REGISTRAR			EPARTMENT OF	HEALTH			YGIEN	HH O	REG. N		2	8	6
	CEASED NAME E OR PRINT)	Raymor	nd Wes	ley XX	Pi	nder			20. DATE OF DEATH	ESTI-	7.	-5 ⁻	19 80	2b. HOUR AM
. SEX	Male	Negro	5. DATE OF BIRTH MONTH GAY 12-21-	1910 6. AGE (IN YEAR LAST BURTHO	AY) MONT	HS DAYS	IF UNDER HOURS	24 HRS. MIN.	PRONOUN DE AD	ICED *	7/5/	DAY	80	12:11
PO PO	RTHPLACE (ST	ATE OR	76. CITIZEN OF WH	AT COUNTRY?		VED NE	VER MARR	_	9. BALTIM DOJ	che:	_		nty	MD.
C	ambri	dge	703 St	ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) Clair A	ve	ier institu	TION	FOR	DALOCCUP MOST OF WOR Abore	KING LIFE)	PE OF WORK		ID OF BUI	
	TATE Md.	IF IN NURSING HOME OR 136 COUNT DOI	Y	Cambrid		13d INSIDE (NO [703	St.	SSCla:	ir A	ve.		
	THER'S NAME		Ande	rson			ER'S MAIDE	N NAME	, w	IDDLE	P	lnke	ast tt	
6e. V	VAS DECEASED ES, NO. OR UNKNO NO	DEVER IN U.S. ARM WN) (IF YES, GIVE W		215-26-4		17. INFOR	MANT			ADDRES	S	Da.		
	PARTIDE 955 Canditian gave ris	IMMEDIATE Is if any, which the ta immediate stating the under-	DUE TO, OR A	for (a), (b), and (c).) *un shot AS A CONSEQUENCE AS A CONSEQUENCE	OF	d ch	est							AND DEATH
CATION	PART 2 OTHER SIG			UT NOT RELATED TO THE TERM	3			RT 1 (a).			7	20. AI	UTOPSY?	
MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUNAM.	MONTH DAY YEA	21c. H	ow INJURY						ART 2)	she	NO □
MEDI	21d. INJURY C WHILE AT WORK	NOT WHILE AT WORK		FINJURY (ATHOME, DRY, FARM, ETC.)	21f. LC	STREET			CITY OR TO	WN	CC	YTAUC		Md.
	22a. I certil death resulta			ribed abave, held an Accident , Si	Autap vicide X		Inspection cide		Inquiry termined mo		and in my a	pinian		

death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME John Mace Jr. M.D. (TYPE OR PRINT)

Cambridge, Md. ADDRESS

230. BURIAL, CREMATION, REMOVAL 236. DATE Burial

234. NAME OF CEMETERY OR CREMATORY Bucktown Cemetery 23d. LOCATION Cambridge, Dor.,

_MEDICAL EXAMINER

Md.

24. FUNERAL DIRECTOR

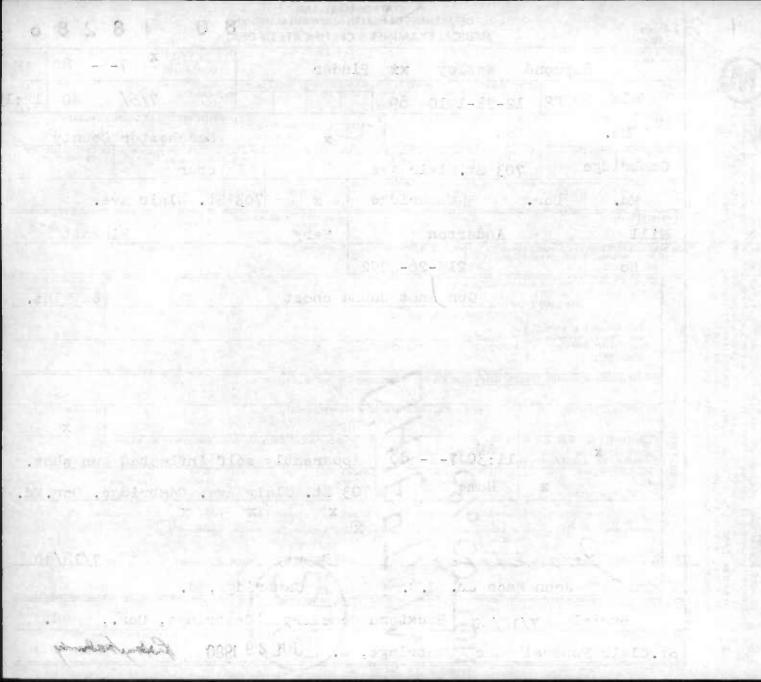
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St.Clair Funeral Home

Cambridge, Md.

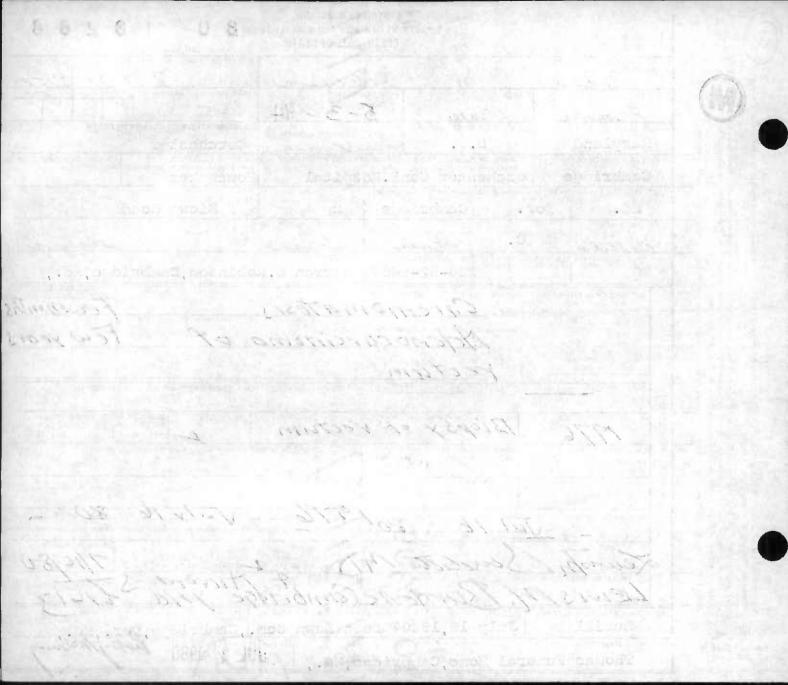
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	1-	FOR STATE REGISTRAR	DEPARTM	AENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	IENE 8 0	1 8	2	8 7
9 7 6		CEASED NAME FIRST OR PRINT) E-VEY	ett L.	QU	ILLEN)	20. DATE OF DEATH	PA HIMOM	YEAR 1980	7 A M
ge 4 may	3 SEX	TALE	CAU	5. DATE OF	BIRTH YEAR 4	6. AGE (IN YEARS LAST BIRT	HDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
nerol merol may 72 min		RTHPLACE (STATE OR FOREIGN)	VISA,	MARRIED WIDOWED	NEVER MARRIED DIO	POYCHES		FDEATH	MD.
by the fur filled within	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	ADDRESS)	OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126. KIND O INDUSTRY	POUS TOUT ION
filled in k rould be fi	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	ck Ave.	19061	/
mpletely and 2 sh	14 FA	THER'S NAME FIRST	Duillen		T do	MIDDLE	:	NOS	TK T
n and car Pages 1		VAS DECEASED EVER IN U.S. ARA (15, NO OR UNKNOWN) (16 YES, GIVE	WAR OR DAJES)	-6709	MysLovetta	Gord 3 Was	hington	St. Bo	rlin Md.
g physicia g physicia on papers removal.		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and BY: CAUSE (a)	d Ic I	Septi	semia		BETWEEN	MATÉ INTÉRVAL ONSET AND DEATH
deoth ce ottendin nave corb otion, or r		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	ENCE OF C	rivary T.	Infection			
that the d by the lease rem ial, cremo		couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	Pulmonay	Infectio	М		
equires n signe Then p r ta bur injury,	NOIL	CH Failure	onditions contributing to a	2, £	- uceshalog	rathy			
he low on. hos b t perm ene pr	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION		YES NO	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES	OF DEATH?
SICIAN: ng physicertifica priol-tran cental Hy them 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	YEAR	ŽÍt. HÓW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	T OR PART 2)	
ING PHY r offendi After this as the bu lth and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	M	COUNTY	STATE
R ATTENDI haspital as RECTOR: A red for use spt. of Heal		sow the deceased alive on above, (1) (we) (did) (did not	ol) attended the deceased from 19) view the body after death.	, onc	that in (my) (our) opinion o	, to death occurred on the do		nd from the	
0 0 0 0 0		22b. SIGNATURE	5 Canna	-		MEDICAL STAF		22c. DATE	SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Stote I		22d PHYSICIAN'S NAME (TYPE OF			17 Franklie	St. Com	luide	e, Md	21613
BP	(BUYIAL BUYIAL	236. DATE 7/27/80 SU	nset/	METERY OR CREMATORY NEMOVIAL PARK	23d LOCATION Berlin	Wo	V/	Ma,
DHMH - 16 50M 7/77 (VR A 15 (4))	24. FU	MERAL DIRECTOR A. Brut	ge 108 William.	sSt. 13	erlin ModUL	REC'D. BY REGISTRAR 2 9 1980	256 REGISTRA	halle	URE "

1 8 3 8 12 0 8 more discussion of the constitution

	1	FOR - STATE REGISTRAR	DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 U	1 8 2	8 8
	1. DE	CEASED NAME FIRST OR PRINT) Thursday	MIDDLE	Ray	lisian)	20. DATE OF DEATH MON	TH DAY YEAR 7 14 SO	26. HOUR
MI)	3. SE	Female	1 RACE	5. DATE OF	- 23 - ЯЦ	6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR MONTHS DAYS YRS.	HOURS MIN
35	(RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	16. CITIZEN OF WHAT COUNTRY? U.S.	WIDOWED	NEVER MARRIED DIVORCED	Dorcheste	r	
notified		TY OR TOWN OF DEATH Cambridge	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCHFACILITY, GIVE STREET Dorchester Get	address)		178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAKET		OF BUSINESS
Eust be	USU 13e	STATE 13b COU	or other institution, give residence before NTY 13. CITY OR TOW Cambrid	N I	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 5 Kiowa 1	Road	
examine 3	14. F.	ATHER'S NAME RIPERST RULLIAN	MIDDLE JAST		15. MOTHER'S MAIDEN NA/ FIRST	MIDDLE	Sla	ust
medical	160	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 20-52-8		Warren G. R	ADDRESS Robinson, Car		
any injury, ar ather tr	ATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO I	ENCE OF		INAL DISEASE OR CONDITI	b. IF YES, WERE FINDI	INGS USED
or Item 18 shows o	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING TILL TILL		19	21c HOW INJURY OCCURR	YES NOTER NATURE OF INJURY IN	CERTIFYING CAUSES YES ITEM 18, PART 1 OR PART 2)	S OF DEATH?
Item 21 is marked	WE	WHILE NOT WHILE AT WORK 270. I certify that (I) (this hasp saw the deceased alive to obove, (I) (we') (did) (did)	(AT HOME, STREET, FACTORY, OFFICE, F	80, ond	EGREE	to to town	and hour and from the	that (I) (www.
with the State De	23a.	SURIAL CREMATION, REMOVAL SPECIFY BUTIAL	7. Burde		276 ADDRESS 4 Ambria METERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN	SZZ	STATE
M 7/77 4))		UNERAL DIRECTOR	eral Home Caml	40.	en Lawn Cen			Brook



director, page 3 nours ofter death

filled in by the funeral nould be filed within 72 h

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MPORTANT: If Item 21 is marked or Item 18

this certificate has he burial-transit per

OR ATTENDING PHYSICIAN: The

HOSPITAL

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etoined by the hospital or attending physician

should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene

TO FUNERAL DIRECTOR: After

injury, or other troumotic

within 24 ho

executed

STATE OF MARYLAND

	1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 2	8 9
	1. DECEASED NAME FIRST (TYPE OR PRIÑT) Carl	Herman	Schmick	20 DATE OF DEATH MONTH	18-80	7:20 P.
	Male	Caucasion	5. DATE OF BIRTH MONTH DAY YEAR 17	6 AGE (IN YEARS LAST BIRTHDAY) 63 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
5	Maryland	U.S. A.	MARRIED NEVER MARRIED WIDOWED DMORCED	Dorchester	TY OF DEATH	nty m
3	Cambridge	11. NAME OF HOSPITAL, NURSIN LIE NOT IN SUCH FACILITY CITY STREET EASTERN SHOW	e Hospital Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	of Business of Agricultu UST-Y

Maryland Caroline Federalsburg 13d. INSIDE CITY LIMITS? Clara

WAS DECEASED EVER IN U.S. ARMED FORCES? S. GIVE WAR OR DATES) (YES, NO OR UNKNOWN) (IF YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED E	one couse per line for (a), (b), and (c) full BY: CAUSE (a)	n, vieto	estati
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF THE	heart	Pailure
gove rise to immediate cause (a), stating the underlying cause last	DUE TO ORAS A CONSEQUENCE OF	edeur	٠.

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

190. DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTO		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT		
			YES 🗌	NO	YES 🗀	NO [
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCL	RRED (ENTER NA	ATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)	

CERTIFICATION HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION

CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE WHILE AT WORK anded the 22a.1 certify that (1) (this hospital) reosed from

0 sow the deceased alive or and that in (my) (our) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat)

TH SIGNATURE	1	DEGREE			22c. DATE SIGNED
Wangelin	Haccin pe	ATTENDING PHYSICIAN	MEDICAL STAFF	h/	7-18-

PHYSICIAN SIN			22e	ADDRESS		
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- 11/1/	CIE / ///		MI		-	

220 Cambre

2-1.1.0		N/CIN	
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	July 22, 198	236. NAME OF CEMETERY OR CREMATORY O Junior Order	Pre

Preston,

Car. Md STATE

FUNERAL DIRECTOR

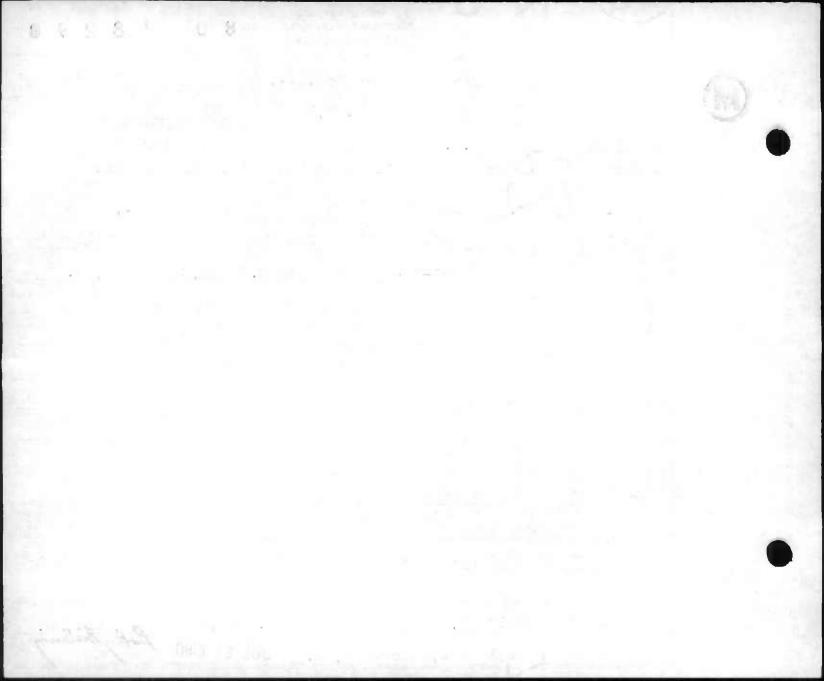
25a. DATE REC

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

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0	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		8 2 9 0
7		CEASED NAME FIRST OR PRINT) Miles	MIDDLE Mollie	San 4/2 cm	20 DATE OF DEATH MONTH DA	20.11000
	3. SE.		4 RACE	5 DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
(PPT)		Male	White	Nov. 8.1898		DNIHS DAYS HOURS MIN
2 11 100		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIE	BAITIMORE CITY OR COUNTY O	OF DEATH
12 25	M	arvland	U.S.	WIDOWED DIVORCE	Dorchester	MD.
11 11 13	10 C	TY OR TOWN OF DEATH ambridge	DOPONIESTE TO STEEL THE STEEL STEEL THE STEEL ST	G HOME OR OTHER INSTITUTIO	REE WARROTOMECTIC	126 KIND OF BUSINESS OR
Selling of the sellin	USU. 13a S	STATE 136 COUI	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136 CITY OR TOWN	N 13d INSIDE CITY LIM		
1 12 10	14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDE	EN NAME	.463
P 10 2//		Columbus	Smith	Sue	MIDDLE	Twilley
nd nd ge		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		ADDRESS	
be exe		NO	217-30	-943B Kennetl	h E.Smith, Cambrid	
g physicie on paper emoval.		PART I. DEATH WAS CAUSE	nly ane cause per line far to), (b), and ED BY: TE CAUSE (a)	Bro	nchopentumonia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce strending ove corb non, or r		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF C. A	4. Failure	
, that the death co death of the attendin lease remove corb ial, cremation, or or ather traumatic		gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF COLONA	ry Heart Dis.	
equires in signe Then p r to bur	NOI	ASCVD,	conditions contributing to a	LOW, Cricary	TERMINAL DISEASE OR CONDITION GIVE	Vitus Olcers
The law retrieon. te has been sit permit. shows any i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN The physicic certificate certificate mial-transit entral Hygur them 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	ET 1 OR PART 2)
PHY tending this he bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 21f LOCATION STREET	CITY OR FOWN	COUNTY STATE
ATTENDING sspital or att		saw the deceased alive an	ital) attended the deceased from	, 19, 19, 19, ond that in (my) (our) o	pinian deoth accurred on the dote and haur o	4
te be be		22b. SIGNATURE	ar) view the body offer death.	DEGREE		22c. DATE SIGNED
. 4 . 4		2	Came	M D ATTEND	PING MEDICAL STAFF	7-9-80
HOSPI ined b FUNE buld be th the Si		22d. PHYSICIAN'S NAME (TYPE O	ORPRINT)	17 Fr	aublin St. Com	budge Ma
BP	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		Dorchester M	em.Park, Cambridge	OUNTY STATE DOP Md.
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FU	INERAL DIRECTOR NAME Thomas Fu	neral Home, Can	25	SO. DATE REC'D. BY REGISTRAN 256. RE 1535 JUL 21 1980	Day Meabredy

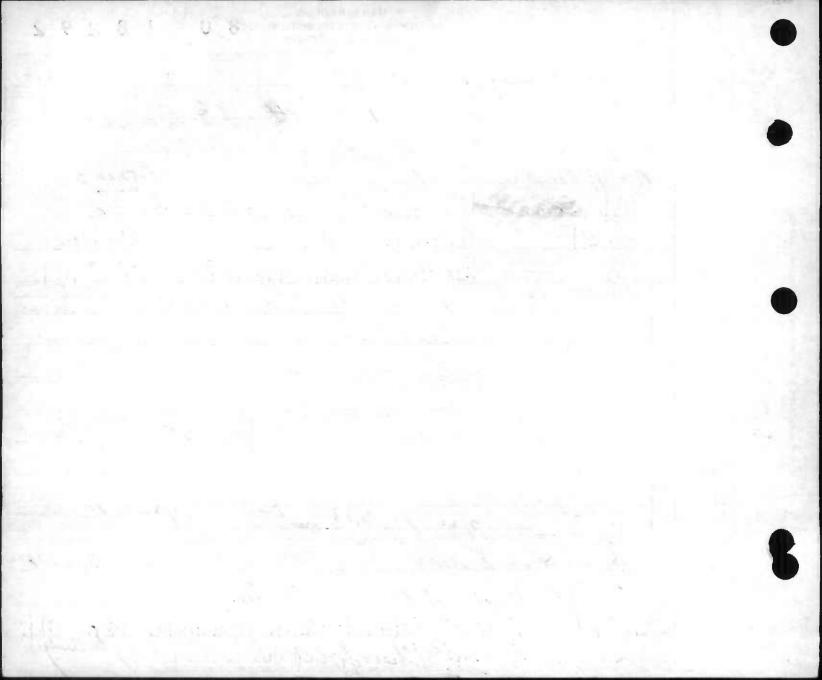


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-		REGISTRAR ASED NAME FIRST		MIDDLE		AST	I 20 DATE	REG. NO	O. HTMOM	AY YEAR	2b. HO	LIP
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3.	SEX	11/100	4. RACE	Jajun	5. DATE C		6 AGE (N	N YEARS LAST BIRT		F UNDER 1 YEAR		R 24 HRS
	F	male	Cauc		MONTE	10 89		71	YRS.	ONTHS DAYS	HOURS	MIN.
70.		THPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIA	AORE CITY O	R COUNTY	OF DEATH		200
1	6	ermany /	45.	+.	WIDOWE	DIVORCED		2261	82/6	7		MD.
21	7	or town of DEATH	(IF NOT IN SI	THOSPITAL, NUR UCH FACILITY, GIVE ST	REET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF W	OCCUPATION FOR MOST O		12b. KIND INDUSTRY	1	IESS OR
U.S 13	SUAI 3a ST	RESIDENCE (IF NURSING HOME OF ATE 138 COUN	OTHER INSTITUTION	13c. CITY OR T	EFORE ADMISSION	13d. INSIDE CITY LIMITS?		ET ADDRESS	-1 '	,	CI	3711
		aryland. Tal	DOT	EASTO	N.	YES NO	DAO NAME	S. Wo	eshen	Ston	22	
0			Wo.	e i K		unknov	m	MIDOLE		L	AST	
1	a W	AS DECEASED EVER IN U.S. AR			ECURITY NO.	17. INFORMANT	VA.1	ADDRE	SS			77.1
1	(YE	S, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	217-3	0-8494	Erika H.	Riek	en-	Easto		2.7	
		8 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse p	er line for (o), (b)	, and (ciii)	ENGLISH EEE		,		BETWEEN	XIMATE INT	D DEATH
	1		E CAUSE (0)	renje	led o	gangreno	-91	bool	1	2	me.	with.
		4402	DUE TO:	OR AS A COUSE	QUENCE O	lain AS	1			1111	una	1 -1
	1	Conditions, if any, which gove rise to immediate	(0).	0-0		- gra	1			14		-
		cause (a), stating the underlying cause lost	DUE TO	OR AS A CONSE	QUENCE OF							
		PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISE	ASE OR CON	DITION GIVE	N IN PART	(0)	
2	No.			20 person								
7 3	CERTIFICATION	9a DATE OF OPERATION	19b CON	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AL	JTOPSY?	20b. IF YES, IN CERTIFY	WERE FIND ING CAUSE	S OF DEA	ED TH?
4		210. ACCIDENT WAS UNDERLYING	215 TIME	OF INJURY		21c. HOW INJURY OCC	YES [YES		NO	
CI.		OR CONTRIBUTING CAUSE OF DE	ATH HOUR	A.M. MONTH		Zit. How work occ	ORKED (ENIER	THATORE OF THOSE		int (On Paniz)		
1 3	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		P.M. E OF INJURY	19	21f LOCATION						
1	M	WHILE NOT WHILE AT WORK	(AT HOME,	STREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY		STATE
	1	220.1 certify that (II) (this hospi	ital) attended			11/5 197	6		7/29.1	980	, that (4)	(we) lost
		sow the deceased alive on above, (1) (web (did) (did no	the boo	7/2/	9 Du, a	nd that in (my) (o ur) o pinio	on deoth occu	rred on the d	ne and hour	and from th	e couses s	toted
		226. SIGNATURE	11 1	n ,	3/24	DEGREE				77C DAT	ESIGNE	
		Dev-1	1. //	Dech	no	ATTENDING PHYSICIAN		AL STA		1/	29/	po
		22d. PHYSICIAN'S NAME (TYPE C	R PRINTIP	c 11		22e ADDRESS 35	le	19 1		-	/	
1		6/20 H	13120	M		1 BinBI	2/10/1	z, Inl	2/6	73		
23		JRIAL, CREMATION, REMOVAL Burial Com.		The state of the s		CEMETERY OR CREMATOR		CATION TY OR TOWN		COUNTY		STATE
74	1 47 4	NERAL DIRECTOR	1 9-1-	-1980	Woodla		ATE REC'D. B	ton Y REGISTRAR		bot	Mo	4
		NAME	Home	ADDRESS H.a.s	ton. N		AUGI	1980	prog	- Jan	-6000	7

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			STA	TE OF MARYLAND	-	
	1.	FOR STATE		HEALTH AND MENTAL HYG	GIENE 8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ASE OR CONDITION GIVEN IN PART 1 (0) ASE OF CONDITION GIVEN IN PART 2) CITY OR TOWN COUNTY TOPSY? 206. IF YES, WERE FIND INGS USED IN CERTIFYING CAUSES OF DEATH? YES CITY OR TOWN COUNTY STATE Treed on the date and hour and from the couses stated 221. DATE SIGNED CITY OR TOWN COUNTY STAFF TOPSY: AND IF UNIDER 1 YEAR IF UNDER 24 HRS. MAD. ADDRESS MAD. AND 122. KIND OF BUSINESS OR INDUSTRY AND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COUNTY STATE Treed on the date and hour and from the couses stated 221. DATE SIGNED 221. DATE SIGNED
- Vi	REGISTRAR REG. NO. ' 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR (TYPE OR PRINT) 3. SEX 4. RACE B. DATE OF BIRTH S. DATE OF BIRTH WONTH DAY YEAR YEAR					
(8.8)			WIDDLE	LAST	2a. DATE OF DEATH MO	NTH DAY YEAR 26. HOUR
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E 24	3. SE	-			AGE (IN YEARS LAST BIRTHDA	
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8 9 g			CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY OR C	OUNTY OF DEATH
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ond coopes	(100. V	AS DEGEASED EVER IN U.S. ARME ES, NOT UNKNOWN) (IF YES, GIVE W	D FORCES? 166 SOCIAL SECURITY NO.	IZAINFORMANI	K.F.D.	IBX, 36 001
0 5 4		100 -	1218-31-8685	Hom John	son Poco	make Mid.
ote b sicio pers.		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c)			APPLOXIMATE INTERVAL BETWEEN ONSET AND DEATH
physe physe physe emove event,		PART I. DEATH WAS CAUSED E		(BROWAN	4 THRAMB	305/4 6 hours
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	_	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> bu	JT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)
15 th 15 mg	CERTIFICATION	and the second	4			
been mit. I prior	CAT	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED		
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	H H	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR!		ITEM 18, PART 1 OR PART 2)
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SICIA ing pl certif certif hentol	Š.	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			
1 6 6 -	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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5 g 5 g x x x	23a. j	ERAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF	CEMETERY OR CREMATORY	231-tOCATION	Country Andre A
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DHMH · 16 60M 7/73	24.81	INITIAL DIRECTOR	1 man	250. DAT	E REC'D. BY REGISTRAR 256	RECISTRAR'S SIGNATURE
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

retained by the haspital or attending physician.

TO HOSPITAL

BP.

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1	21d INJ				TION	CITY OR TOY	N	COUNTY	5.
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			al) attended the deceased f	rom MAY	10 కోల	10 7-2	£ _ 19	84 1	not (Date
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			view the body after death.	DECDEE			-	111. DATE S	ICNED
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